



The University of Oklahoma OUTREACH  
National Resource Center for Youth Services

## Verification of Continuing Education

Please submit one form per training attended. Include any additional information about the training, i.e. brochure, workshop or trainer write-up.

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name of Training \_\_\_\_\_ Date of Training \_\_\_\_\_

Related to Competencies:

Professionalism

Cultural and Human Diversity

Applied Human Development

Relationship and Communication

Developmental Practice Methods

Other \_\_\_\_\_

Number of Clock Hours Completed \_\_\_\_\_

Training Location

City \_\_\_\_\_ State \_\_\_\_\_

Trainer's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

I certify that the above information is true and correct.

Signature of Trainer \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:

Date Received \_\_\_\_\_

Entered in Database  Yes  No