



**COMMUNITY BASED TRAINING DCF APPROVAL FORM**

NEW REQUESTS TO	FAFS TRAINING INFORMATION ASSOCIATE Larkesa Carr at: lcarr@fafsonline.org
FROM	
REGARDING	CBT in-service training hours
PROGRAM TITLE	
SYNOPSIS OF PROGRAM	
PROGRAM OBJECTIVES	
NAME OF PRESENTER & PRESENTER'S CREDENTIALS	
PRESENTER CONTACT INFO.	
PROGRAM DATE	
LOCATION OF PROGRAM	
SPONSORING CONNECTING FAMILIES GROUP	
CONNECTING FAMILIES CONTACT PERSON	NAME: ADDRESS:  TELEPHONE NUMBER:
NUMBER OF HOURS OF PRESENTATION	
NUMBER OF IN-SERVICE HOURS REQUESTING	
MODALITY OF TRAINING	Community Based Training