**Agency Information**

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| **Name of Organization** | | | | |
| **Official Name of Training Program** | | | | |
|  |  |  | | |
| **Training Type** | **State** | **City of Training** | | |
|  | | | | |
| **Training Program Contact Person** | | | | |
|  | | |  |  |
| **Phone Number** | | |  | **E-mail** |

**Type of Training Requested for approval**

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| Training Type (i*.e. Foundational training, New training or Continuous Education units)* |
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| Address how Training Organization would ensure all training competencies that require the acquisition of skills and attitudes will be incorporated and assessed throughout the Virtual platforms used by the training organization. |
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| Projected training dates for online delivery: |

**Please Submit the form by Email to:** [**THW.program@dhsoha.state.or.us**](about:blank)