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| xDHS-SPD_Combo | | | | | | | | | | | | | | | **Mail to:** OLQC – AFH Training Credit Committee  500 Summer St. NE, E-13, Salem OR 97301-1074  **FAX to:** OLQC training committee 503-945-7811  **E-mail to:** [AFHTraining.spd@state.or.us](mailto:AFHTraining.spd@state.or.us) | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Provider Request for Adult Foster Home Training Credit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Request must be received 5 p.m. on Wednesday for consideration the following Monday.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Please type or print legibly. Incomplete submissions will not be processed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of AFH license** (Check the type of license you have or type of AFH you work in.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addictions and Mental Health | | | | | | | | | | | | | Aged and Physically Disabled | | | | | | | | | | | | | | | | | Developmental Disabilities | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application submitted by: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | |
| Phone: | |  | | | | | | | | | | | | | E-mail: | | | | | |  | | | | | | | | | | | | | | | | | | |
| FAX or mailing address: (If e-mail not provided.): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Title of training: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of training: | | | | | |  | | | | | | Start time: | | | |  | | | | | | | | End time: | | | | |  | | | | | | | Cost: | | $ |  |
| Limits on participation (i.e. Smith foster home providers only): | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes | |  | | No | | | | |
| Explain limits: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) of instructor/author/presenter: (add extra page if multiple) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Credits requested: | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Brief description of training content and its applicability to the AFH:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Choose one:** | | | | | Web | | | | | | Self-study | | | | | | Classroom | | | | | | | | | Conference | | | | | | | | | | | Video | | |
| Other | | | Describe: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please provide all of the following: (Demonstration of course content required.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Course advertisement, brochure, registration | | | | | | | | | | | | | | | | | |  | | | Course or training outline, curriculum | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Course or conference agenda | | | | | | | | | | | | | | | | | | |  | | | Training materials-PowerPoint handouts | | | | | | | | | | | | | | | | |
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|  | Web site address if applicable | | | | | | | | | | | | | | | | | | |  | | Course exam materials | | | | | | | | | | | | | | | | | |
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|  | Literature - Submit the following: Author name, publication date and contact description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Video: requires detail of content and publication date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If approved, would you like it posted to the AFH training web site? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | |
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