Date Received: _________________________ Date Evaluation Sent: ________________________

Great Lakes FASD Regional Training Center
TOT Training Activity Request and Planning Form

CONTACT INFORMATION (training materials sent to address provided)		
Trainer:	**Date Form Submitted:**	
Agency:	**Phone:**	**Cell:**
Address (inc city/state/zip):	**Fax:**	
Other:		

❒ **Send training materials to this alternate address:**

State: ❒ Wisconsin ❒ Indiana ❒ North Carolina
❒ Hawaii ❒ Michigan ❒ Ohio
❒ Illinois ❒ Minnesota ❒ Other (specify): ____________

Do you want training listed on our website (http://www.fasdeducation.org/index.asp)? YES ❒
If yes, please provide contact information (name, email, phone number, website, etc) for more information about the training. We can also add brochures, registration froms, etc to our website:__________________

____

Training Details:

Presentation Title: ____

Other Trainer(s): ____

Training Date: ______________________________

Anticipated Number of Participants (minimum five): ____________

Training Location: (site, address, city/state) ____

____

Is this part of a larger conference or training? ❒ No ❒ Yes (specify event) _________________________

____

Other Training Requests/Issues: ____

____

Please submit at least three weeks prior to planned activity.

Date Entered Into Database: _________________________ By: ____________________ rev07/21/10

Date Received: _________________________ Date Evaluation Sent: ________________________

List Specific Training Goals and Anticipated Outcomes		
Audience	**Competency(ies) Covered**	**Time Spent on Topic**
❒ Physicians ❒ Nurses (NP, RN, LPN) ❒ Physicians Assistants ❒ Mental Health Providers (Psychologists, Counselors, Social Workers) ❒ OT/PT/SLP ❒ Other Health Professionals ❒ Other Allied Health Professionals ❒ Other Professional (specify): __________ ________________________________ ❒ Students (specify fields): ____________ ________________________________ ❒ Educators	❒ I: Foundations of FASD ❒ II: Screening and Brief Interventions ❒ III: Models of Addiction ❒ IV: Biological Effects of Alcohol on fetus ❒ V: Screening, Diagnosis, and Assessment of FAS ❒ VI: Treatment Across the Lifespan ❒ VII: Ethical, Legal, and Policy Issues ❒ Other (specify topics): __________ ____________________________________	# Mins: _______ # Mins: _______ # Mins: _______ # Mins: _______ # Mins: _______ # Mins: _______ # Mins: _______ # Mins: _______ TOTAL:_______

TRAINING PRESENTATION MATERIALS MUST BE PRE-APPROVED BY THE GLFRTC:

❒ I am using a CDC/GLFRTC master PowerPoint

❒ I am using other (non-PowerPoint) CDC/GLFRTC materials

❒ I am using my own, previously approved PowerPoint/other presentation materials

❒ I am using a new PowerPoint/other presentation materials—copy attached

Continuing Education Units (CEUs)
Are you requesting continuing education units (CEUS) from UW-Madison? ❒ No ❒ Yes If yes, please submit CEU request form. Are you providing other credit, certification etc.? ❒ No ❒ Yes (please specify)

Please submit at least three weeks prior to planned activity.

Date Entered Into Database: ________________________ By: ___________________ rev07/21/10