

Application for Competency-Based Add-On Training

Please read before beginning the application.

A signed application for the competency-based add on must be received by DODD 30 days before the first day of the training.

Training Requirements

Training approval expires on the date listed on the returned application or whenever there is a significant change to the training's objectives or syllabus. In both cases, a new application must be submitted with supporting documentation.

A minimum of one hour is required for approval. After one hour, partial hours may be approved in 30-minute increments (1.5 hours = 1.5 CPD units).

Documentation

A syllabus, agenda with timeline, and PowerPoint presentation of the training must be submitted with the application. Not completing the application or neglecting to include supporting documents will result in a delayed response to the application.

On the Day of Training

Training instructors are responsible for maintaining records to sufficiently document attendance by participants.

Training participants must attend the entire session as described in the agenda or syllabus to receive credit. Partial credit will not be approved.

Training participants are responsible for securing verification of attendance and the training course code at the conclusion of training.

Email this form and supporting documents to dspdevelopment@dodd.ohio.gov

Application for Competency-Based Add-On Training

Applicant's name	Email	Title or position	County
Employer	Address		Phone
Title of training		Course objective(s) and brief description	
Date(s) of training or first day available		Location of training or web address	
<input type="checkbox"/> <i>check if this is an ongoing training</i>			
Instructor(s) or content creator name(s) and title(s)		Select delivery method	
		<input type="checkbox"/> In-person training <input type="checkbox"/> Online course <input type="checkbox"/> Live webinar <input type="checkbox"/> Other, specify:	
Attendance verification method			
<input type="checkbox"/> Sign-in sheet <input type="checkbox"/> Learning management system (LMS) <input type="checkbox"/> Report generated by webinar service <input type="checkbox"/> Other, specify:			
Name of person verifying attendance		Title or position	Agency

Signature of applicant		Approval number	Expiration date	Denial reason
Date	Hours requested <input style="width:30px; height:30px;" type="text"/>	Reviewer comments		
		Signature of reviewer	Date	Hours approved <input style="width:30px; height:30px;" type="text"/>

Email completed application and supporting documents to dspdevelopment@dodd.ohio.gov