



LICENSING & TRAINING/CWTA TRAINING DATA ENTRY SUBMISSION FORM

| | | | |
|--|------------------------------------|---------------------------------|--------------------|
| NAME OF APPLICANT(LAST NAME, FIRST NAME) | | PROVIDER I.D. NUMBER | LICENSURE PERIOD |
| AGENCY OF APPLICANT | | TOTAL NUMBER OF SUBMITTED HOURS | |
| EMPLOYEE (LAST NAME, FIRST NAME) | SUPERVISOR (LAST NAME, FIRST NAME) | | DATE OF SUBMISSION |

TRAINING SUBMISSION INFORMATION

| TRAINING/CERTIFICATION TITLE | DATE OF COMPLETION | TOTAL HOURS | CWTA PM SIGNATURE |
|------------------------------|--------------------|-------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TOTAL HOURS APPROVED _____

SIGNATURES

| | |
|---|----------------------|
| _____ <i>Submitting Employee</i> | _____ <i>Date</i> |
| _____ <i>Approved By (CWTA Program Specialist)</i> | _____ <i>Date</i> |
| _____ <i>Entered By (CWTA Staff)</i> | _____ <i>Date</i> |
| _____ <i>Receiving Employee (Packet returned to)</i> | _____ <i>Date</i> |