

EXCEPTION TO REQUIRED TRAINING

Training/experience in lieu of _____

has been completed by _____

This training is equivalent to or exceeds the requirements for
policy number _____.

The training/experience completed is as follows:

EDUCATION:

EXPERIENCE:

Training Coordinator _____

Supervisor Signature _____

Clinical Director of MH/AD Services/ _____
Director of DD Services

Approved/Not Approved - Circle One Date _____