

# DMHAS Fall 2016 Individual Application for State In-Service Training Programs

**Applications will be accepted throughout the Employee Registration Period which ends Monday, January 27, 2017.**

Facility TAOs must submit all employee applications to the **AGENCY TAO BY:**  
**Wednesday, February 2, 2017**

## Important Notes for Applicants:

- DMHAS has unique policies concerning deadlines, eligibility and the registration process. **Please review the Employee Registration Information provided on pages 5 and 6 of the catalog** and direct questions regarding timelines and procedures to your Facility TAO.
- Prior to enrolling, speak with your TAO or union representative regarding your contract language as it relates to workshop/training funds, and reimbursement of training fees.
- Carefully check the dates and times of courses you are applying for, for any potential conflicts. **No seat changes or withdrawals are allowed once seats are requested and reserved.**
- A Travel Authorization Request, Form (CO-112 Rev.05/2014) is required for each approved course. This form is available on the Comptroller's website <http://www.osc.ct.gov/agencies/forms/index.html> and must be submitted to your facility TAO when your payment is requested.
- An attendance certificate is provided at the end of your course. **Make a copy, without delay, and submit it to your Facility TAO. DMHAS sets deadlines by which your TAO must report final attendance.**
- College telephone numbers and websites addresses are provided on **page 9** of the catalog. Maps and driving directions can be accessed through each of the college websites.

## Information about the Applicant: (Please print clearly and provide all requested information)

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
DMHAS Facility: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department/Unit: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Fax: \_\_\_\_\_

*I understand that I am required, per DMHAS Commissioner Policy #230-17, to pay the course fee upon notification of my acceptance, and I will make payment upon notification of my acceptance into this course.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide the following information which is needed to meet State and Federal Affirmative Action requirements:**

## Course Information – One Course per Page (Please print clearly and provide ALL requested information)

Course Title: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Date(s) and Times: \_\_\_\_\_ Course Fee: \_\_\_\_\_

I meet the prerequisites listed in the course description: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ None Listed

## Supervisor's Approval:

Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Training Approval Officer Approval: Facility: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_