



Department of Health  
ADDICTION PREVENTION  
AND  
RECOVERY ADMINISTRATION

REQUEST FOR TRAINING/TRAVEL  
PRE-APPROVAL REGISTRATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax No: \_\_\_\_\_

Training/Conference Title: \_\_\_\_\_

Date of Training: \_\_\_\_\_ Location of Training: \_\_\_\_\_

**Justification for Training/Travel:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: *Training must be job related and justification must provide specifics of that training as it relates to employee's job performance.*

Cost of Training \_\_\_\_\_ Registration Fee \_\_\_\_\_ Per Diem \_\_\_\_\_

Hotel Accommodations \_\_\_\_\_ Cost of Airline \_\_\_\_\_

Approval Signature

Supervisor's Name	Supervisor/Office E-Mail Address
Supervisor's Signature	
Please Print	APRA Training Center
Date:	Date:

FORWARD THIS FORM TO:

APRA Training Center  
Suite 231  
Phone: 202-727-8950  
[susan.richardson2@dc.gov](mailto:susan.richardson2@dc.gov)

## Registration Policy and Information

**Acknowledgement of the policies stated on this page is a critical step in the registration process. Please read this information in its entirety and sign your name at the bottom of the page. Submit both pages of the Registration Form to the APRA Training and Education Center by the established deadline. Failure to complete this form may result in denial of your request to register for training.**

- ❖ The announcement for the training specifies the level of instruction. Please make sure you have chosen to attend training appropriate for your level of credentials and knowledge of the subject matter.
- ❖ All trainings must be employment related. You must specify how you will use this training in current or future employment in the justification for attendance.
- ❖ All participants must report to the training on time.
- ❖ Participants must attend training sessions in their entirety.
- ❖ All participants are asked to return from breaks and lunch on time.
  - For a training 6 hours or more, participants are customarily given a 15-minute morning break, a 1 hour lunch break, and a 15 minute afternoon break.
- ❖ There will be no cell phone use during the training session. All cell phones should be turned off during the training session. The use of cell phones will be allowed **only** during designated breaks and lunch.
- ❖ Participants will behave in a respectful manner toward the trainer, their fellow trainees, and APRA staff.
- ❖ In addition to the aforementioned guidelines, if the training provides the participants with Continuing Education Units (CEUs), the following additional guidelines will apply:
  - A participant will receive, only the actual number of CEU hours attended. For example, if the participant signs-in at 10:00 am for a 9:00 am training, the credit for attendance will start at 10:00 am not 9:00 am. This is also true when a participant leaves training early or does not return on time after lunch.
  - If the training is scheduled for more than one day, CEUs will be given to participants who complete the training in its entirety. There will be no credit or certificate given for attendance of only one day of two-day training.
  - CEUs will not be issued to participants who fail to complete an evaluation form after the training session has ended or who fail to perform activities to receive the CEUs.

I acknowledge and agree to comply with the above instruction and policy.

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Print your name clearly

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Signature

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Date