

**FAR NORTHERN REGIONAL CENTER
REQUEST FOR CONTINUING EDUCATION UNITS**

Date: _____

Name of person requesting continuing education units:

Facility Name and Address:

Phone Number: _____

Training Topic: _____

Date of Class: _____

On-Line Course In Person

Description of Class: _____

Name of Trainer: _____

Qualifications of Trainer: _____

Number of Hours of Presentation: _____

**FOR APPROVAL – FORWARD TO THE FAR NORTHERN REGIONAL CENTER CASE
MANAGEMENT SUPERVISOR OF THE OUT-OF-HOME PLACEMENT UNIT IN YOUR AREA.
(Chico Office – 1377 East Lassen Ave., Chico, CA 95973-7824 • Redding Office – P.O. Box 492418, Redding, CA 96049-2418)**

Approved By: _____ Date: _____

Number of Units Approved: _____

Request Denied By: _____ Date: _____

Reason Denied: _____

Signed Copy To: Facility
Facility Liaison
Facility File