

REQUEST FOR SERVICE APPROVAL FORM
(Tier II Specialized Training or Videoconference)

Complete and sign this form for approval of service (Request for Tier II Specialized Training must be received at CECPD 15 working days in advance of the service).

Educator Name: _____ **Phone:** _____
Type of Service (check one): _____ Tier II Specialized Training _____ Videoconference

Date(s) of Training	Scheduled Time(s)

Training Title: _____
 The Learning Goals and Objectives Application has been approved and is on file at the Oklahoma Training Approval System (TAS) Educator Services. The Training Approval System ID Number for this individual training is (insert ID Number here) _____. I understand that this training will not be scheduled until such time the Learning Goals and Objectives Application has been approved.

Location of Tier II Specialized Training/Videoconference:

of Participants expected: _____

Training Site: _____ **County:** _____

Training Site Address: _____

Training Site Telephone Number: _____

Contact at Site: _____

For Service Providers Who CAN Receive Reimbursement:

- I do not stand to profit in anyway from the services provided at the program/home. The funds I receive at the conclusion of the service are stated amounts listed on the approved Scope of Work contracted with me by CECPD.

Signed: _____ Date: _____

For Service Providers Who CANNOT Receive Reimbursement:

- I cannot receive funds from CECPD because I am funded by another source. That source may include: an individual contract from another funding source or the services provided are a part of my job responsibilities as an employee of an entity that I am employed by.

Signed: _____ Date: _____

Return this completed form via fax to: or
 Oklahoma TAS Educator Services
 FAX Number: (405) 799-7634

via mail to:
 Oklahoma TAS Educator Services
 CECPD
 1801 N. Moore Avenue
 Moore, OK 73160-3667