



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
PROFESSIONAL DEVELOPMENT INITIATIVE 2018.19
PDI Appendix C Forms - Request For Job Shadow/ Mentorship/Practicum**

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| Purpose of Travel: | Job Shadow, Mentorship or Clinical Practicum Professional Development Initiative (PDI) * Three (3) Day Minimum |
| Employee Statement: | I, the applicant, agree to attend the arranged training at the facility and will obtain verification of attendance. |
| Applicant: | Printed: _____ Signature: _____ Date: _____ |
| Organization/Facility and Location: | |
| Activity Dates: | Activity Dates: _____ Scheduled Training: _____ |
| State Skills To Be Developed | |
| Contact person at Facility/ Institution E-mail Agreement Attached | Name: _____ Title: _____ Phone: _____ |

I, the Training Officer, certify that the following criteria have been met:

- ✓ Activity is identified in the employee's learning plan.
- ✓ The opportunity has been agreed to by the facility.
- ✓ The content of the goals are consistent with the needs identified in the learning plan and the employee's role.

Approved: _____
Training Officer Date