**CPC Training Detail Form**

The CPC provides a training opportunity for agency personnel. During the visit, time is spent in a training capacity, which provides an overview of the CPC’s operation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |       | MI: |       | Last: |       |
| Home Unit / Agency: |       | City and State of Agency: |       |
| FPPS log on: [ ]  | Yes |  [ ]  | No  | If yes; User ID: |       |
| Contact Number:  |       | Email Address:  |       |

**My preference is to:**

[ ]  Observe [ ]  FPPS Input [ ]  3 Day Training Assignment

If FPPS input access is requested, and you do not already have a log in ID, your SSN will be required to obtain a User ID. Please contact the Center Manager at 877-471-2262 to provide your SSN.

**Date Preference:**

From:       To:

**Comments:**

**Note:** Due to staffing and accommodations, one person at a time will be scheduled for each training assignment.

Dates of Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_