**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_