**Training/Experience/Leadership Verification Form**

**Applicant Name**:

**Completed by Applicant** (check the box next to a single section below):

**Subject Matter/COTB Specific Training**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training Title: | | |  | | | | | | |
| Name of Organization: | | | |  | | | | | |
| Subject: |  | | | | | | | | |
| Select one: Facilitator or Attendee | | | | |  | |
| Date(s): |  | | | | | | | | |
| Total Days: | |  | | Total Hours: | |  | | Est Points: |  |

I have attached the agenda.

I have attached the certification form.

I have attached additional supporting documentation.

**Conferences/Trainings**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of Conference or Training: | | | | | |  | | | | | |
| Name of Organization: | | | |  | | | | | | | |
| Subject: |  | | | | | | | | | | |
| Participation Level: | | |  | | | | | | | | |
| Date(s): |  | | | | | | | | | | |
| Total Sessions: | |  | | | Total Days: | |  | Total Hours: |  | Est Points: |  |

I have attached the agenda.

I have attached the certification form.

I have attached additional supporting documentation.

**Mentoring / CCBSA Positions – Service to the CCBSA Organization**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| County Mentored: | | |  | | | |
| Committee Name & Title: | | | |  | | |
| Date(s): |  | | | | | |
| Total Years: | |  | | | Est Points: |  |

I have attached the agenda (if applicable).

I have attached the certification form.

I have attached additional supporting documentation.

**Attendance verified by:**

**Trainer/Committee/Mentor Assignee:**

**Organization & Title/Positions**: \_\_\_\_\_\_\_\_

**To be completed by CCBSA Application Reviewer:**

|  |  |  |  |
| --- | --- | --- | --- |
| Verified by: |  | | |
| Date completed: | |  | |
| Total Points Issued: | | |  |