Foster Parent Training Credit Form

This form is to be used by foster parents licensed through the Division of Family and Children who are seeking in-service credit for attending training sessions related to their role of foster care provider.

Instructions:

1. Prior to the training complete Part A & B.
2. At the training, have the presenter/ registrar complete Part C.
3. Submit the completed training credit form to:
   Training Coordinator, C/O Catholic Charities
   315 E. Washington Blvd., Fort Wayne, IN 46802

A. Foster Parent Information

Name _____ Licensing Agency _____
Street Address _____
City _____ State _____ Telephone No. _____

B. Training/ Conference Information

Title of Training _____
Date(s) _____ Time _____
Location of Training _____

C. Training Confirmation

I hereby confirm that the foster parent named in Part A attended and completed the training listed in Part B.

_____ _____
Signature of the Presenter or Registrar Date

D. Approval For Training Credit

The foster parent named in Part A was given _____ hour(s) of in-service credit for attending the training listed in Part B.

_____ _____
Training Coordinator or Designee Date