

DIVISION OF FAMILY RESOURCE AND YOUTH SERVICES CENTERS

Application for Registration of Training

Complete this form to request registration for training events in order to earn FRYSC training credit.

Requestor name: _____

Requestor email address: _____

Request date: _____

Name of training event: _____

Description of training event: _____

Training Domain Addressed: _____

Name of trainer(s): _____

Date of training event: _____

Start/end time of training event: _____

Location of training (facility name): _____

Location street address: _____

City: _____ County: _____ State: _____ Zip: _____

Total number of training hours: _____

Projected number of trainees: _____

Sponsoring organization: _____

Organization phone: _____

Organization street address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact person: _____

Contact person phone: _____

Contact person email address: _____

***Agenda for training event must be attached.**

Additional pages may be attached. For pre-approval, training events must be registered **15 days prior** to the date of the training event. Send the application to:

DFRCVS, Attn: Carol Leggett
275 E. Main St., 3C-G
Frankfort, KY 40601

If you have questions, contact Carol Leggett, DFRYSC Training Director, at carol.leggett@ky.gov or (502) 564-4986, ext. 3844.

Date received in DFRYSC office: _____

Date approved by DFRYSC Training Director: _____