

# *S<sup>D</sup> Associates LLC*

Behavioral Services Assessment, Consultation, Training and Direct Service

*www.sdplus.org* referrals: (802) 235-9322

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## **CE/Professional Development Request**

Type of Professional Development (mark with an X)	Conference
Staff Name	Current Date
Title of Training/Topic of Research	Date(s) of Training
Instructor or Group Giving Training (if applicable)	Location
Cost of Training (if applicable):	Total time and or Cost being Requested

**Please explain in 6-8 sentences the rationale for your request. Be as specific as possible to include benefits to your professional growth, client programming, overall program development etc.**

**Please list rationale and behaviors that you've demonstrated that you feel should be recognized by approval of this request:**

**Please list specifically how you would bring this knowledge and experience back to the program, and share it with colleagues:**

**Please attach any supporting documents (brochures, webpages, journal articles etc.) for this request.**

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**Coordinator/Coach's Notes or Additional Instructions:**

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**Coordinator/Coach Signature/Date**

**CC: Employee and HR**

11/21/2016