

Inservice Training Acceptance Request

Please attach supporting documentation and use additional sheets if needed

Date of request:

Date of proposed training:

Time of proposed training:

Place of proposed training:

Presenter:

Place of Employment:

Title:

Qualifications/Background/Experience/Education

Title of proposed training:

Topic:

Summary of contents:

(Please include copies of any handouts being used)

Total hours of this training:

Expected attendance:

Is this proposed training open to the community?

Name of person making request:

Address:

Phone #:

Signature of person making this request _____ Date _____

*Please return this form and attachments to:
Hillsborough County Child Care Licensing
ATTN: Janis Heustis/Grace Chandler
8900 N. Armenia Ave. Ste. 210
Tampa, FL 33604-1067*

*Request must be received by our office at least 14 days prior to session date
Once this request has been reviewed, you will receive a confirmation.*

