



**Central New York Care Collaborative
Training Stipend Application**

CNYCC reserves the right to reject any or all applications.

Name of training for which a training stipend is sought:

Date(s) of training: Basic Training: 2 Day Classroom Training on May 2, and May 3, 2019

Staff attending training is: Non Clinical Staff
 Clinical Staff

Partner Organization Name: _____

The undersigned hereby certifies that he/she has examined and fully understands the expectations for participants in the training for which this stipend is sought, pre-training requirements, post-training requirements, and implementation and any ongoing training/supervision (please attach supporting documentation, such as course description and/or course requirements).

Type or Print Trainee Name

Title & Any Applicable Credentials

Signature of Trainee

Date

The undersigned hereby certifies that he/she has examined and fully understands the expectations for participants in the training for which this stipend is sought, including but not limited to pre-training requirements, post-training requirements, and implementation and any ongoing training/supervision.

I hereby certify that the information in this application is correct to the best of my knowledge, and that I am an official of the organization identified below authorized to sign and submit this application.

Type or Print Authorized Signatory Name

Title

Signature of Authorized Signatory

Date