

# Application for Training

**NOTE: Before registering for a program/course, secure supervisory approval to attend the training and follow your internal agency procedures.**

For your program choice, follow the program specific submission directions listed below.

## PROGRAM SPECIFIC INFORMATION AND DIRECTIONS

### IS SUPERVISING FOR ME?

**PASS Levels 1, 2 or 3**

**PEER TODAY, BOSS TOMORROW**

**PEOPLE MATTER SERIES**

Eligibility: Programs/courses are open to state, county and local government employees of Ohio.

**For the above-named courses, if you use online registration, an application is not required.**

Online registration is available at <http://trainreg.das.ohio.gov>

**OR**

Fax or mail your application to  
DAS/HRD Office of Training & Development  
30 E. Broad St., 29th Floor  
Columbus, OH 43215

Fax number (614) 728-9464.



### PROJECT MANAGEMENT – Levels I or II

Eligibility: Project Management I and II are open to state, county and local Ohio government employees. Project Management II requires successful completion of Project Management I prior to registration.

- Complete the Personal Information, Employee Job Information and Program Choices sections.
- Additional information and documents must accompany this application. Review the complete application process at the Project Management Web site: <http://das.ohio.gov/projmgmt> for the specific requirements.

### BLUEPRINT COMPUTER TRAINING AND JOB SKILL COURES

Eligibility: Blueprint Computer Training and Job Skill courses are available only to employees of the state of Ohio.

#### Bargaining Application Process:

- Bargaining unit employees should follow their specific union guidelines. Do not send application to DAS HRD Office of Training & Development
- Application information may be found at these links:
- OCSEA - <http://www.uedtrust.org>
- Other bargaining units:  
<http://das.ohio.gov/hrd/training/tuitionreimbursement>

#### EPDP Application Process:

- To guarantee state employee discounted rate for Blueprint Catalog Computer Training/Job Skill classes, applications must be processed through the Office of Training & Development.
- Use one application per course. Complete the *Personal Information, Employee Job Information* and *Program Choices* sections of the application. Under Program Choices section, list the course date, host college and course name.
- Sign the EPDP Agreement on page 2. Submit the application to our office **at least 14 days before the course start date.**

An **eight (8) day notice of cancellation** is required prior to the course date or all course fees will be assessed.

Confirmation notices and parking passes are sent directly to participants from the college/university.

### OHIO CERTIFIED PUBLIC MANAGER PROGRAM

Eligibility: Ohio government employees must manage a program, resources or supervise staff. State employees must be exempt.

- Complete **Billing Information** section
- Respond to the questions in the **Additional Information** section on page 2.
- Additional documents must accompany this application. Review the complete application process at the OCPM Web site: <http://das.ohio.gov/ocpm> for the specific requirements.

### HUMAN RESOURCES ACADEMY

Eligibility: Must be a manager/supervisor or employed in a human resources function area. State employees must be exempt.

- Respond to the questions in the **Additional Information** section on page 2.
- For the SHRM Learning System, complete the **Billing Information** section.

### LEARNING RESOURCE CENTER

Eligibility: Programs/courses are open to state, county and local government employees.

- Submit a completed Application for Training form
- Upon review of the application, you will be contacted about your specific program request.

Fax or mail your application to:

DAS/HRD Office of Training & Development  
30 E. Broad St., 29th Floor, Columbus, OH 43215

Fax number (614) 728-9464.

E-mail: [hrd.training.staff@das.state.oh.us](mailto:hrd.training.staff@das.state.oh.us)

Questions or comments: (614) 387-6183

# Application for Training

**Instructions:** Complete front and back of the application form, including billing information. On the **Application Instructions** page, review the program-specific instructions and note that additional documents may be required to accompany this application.

**Unless noted differently, first secure approval to attend these courses by following your agency's internal procedures.**

## Personal Information

Full Name \_\_\_\_\_  
*Last*
*First*
*M.I.*

Employer \_\_\_\_\_

Work Address \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *State* *ZIP Code*

Work Phone ( ) \_\_\_\_\_ Work E-mail Address \_\_\_\_\_

Alternate Phone (Optional) ( ) \_\_\_\_\_

Alternate E-mail Address (Optional) \_\_\_\_\_

## Employee Job Information

Check Government Type     State             County             Local             Federal             Other

Check Work Region         Northeast Ohio     Northwest Ohio     Central Ohio     Southeast Ohio     Southwest Ohio

Employee ID No. \_\_\_\_\_

Job Title/Classification \_\_\_\_\_

Check one:    Bargaining Unit Employee             Exempt Employee

Supervisor Name \_\_\_\_\_

Supervisor Title \_\_\_\_\_ Supervisor Phone ( ) \_\_\_\_\_

Supervisor E-mail address \_\_\_\_\_

Indicate any special needs/accommodations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that to my best knowledge, all information entered in this application is accurate and true.

\_\_\_\_\_ \_\_\_\_\_  
 Employee Signature Date

**Contact Information**    DAS/HRD Office of Training & Development  
 30 E. Broad. St., 29th Floor, Columbus, Ohio 43215  
 Voice: (614) 387-6183 or Toll Free (888) 577-6276 (Ohio only)

E-mail: [hrd.training.staff@das.state.oh.us](mailto:hrd.training.staff@das.state.oh.us)  
 Web site: <http://das.ohio.gov/training>

**Applicant Name:** \_\_\_\_\_

**Program Choices** (Check program box, enter course start date and if applicable, the course name and number. One application per program/class. Note \$\$ indicates a fee is charged for the program/course.)

	Program	Enter Start Date	Enter Course Number, Name & Host College (if applicable)
<input type="checkbox"/>	Blueprint Computer Training Course \$\$		
<input type="checkbox"/>	Blueprint Job Skill Training Course \$\$		
<input type="checkbox"/>	Human Resources Academy		
<input type="checkbox"/>	Human Resources Academy/SHRM Learning System \$\$		
<input type="checkbox"/>	Is Supervising for Me?		
<input type="checkbox"/>	Learning Resource Center Services		
<input type="checkbox"/>	Ohio Certified Public Manager Program \$\$		
<input type="checkbox"/>	PASS 1		
<input type="checkbox"/>	PASS 2		
<input type="checkbox"/>	PASS 3		
<input type="checkbox"/>	Peer Today, Boss Tomorrow		
<input type="checkbox"/>	People Matter Series (list class names and dates)		
<input type="checkbox"/>	Project Management I		
<input type="checkbox"/>	Project Management II		
<input type="checkbox"/>	Other		

**Billing Information**

**A. Fees paid by (Check one)**

- Sponsoring organization  
*(Complete section B. Billing Address)*
- Participant *(Complete section B. Billing Address. You will be contacted for payment method)*
- Participant and organization to share cost *(Complete section B. Billing Address. You will be contacted for payment method)*
- Exempt Professional Development Program  
*(Sign and complete section C. for the EPDP Agreement)*
- Other Source (e.g. union programs) list below  
\_\_\_\_\_

**B. Billing Address**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 P. O. Number (If Applicable) \_\_\_\_\_

**C. Exempt Professional Development Program Agreement**

Apply my EPDP funds to the fees for (check one)

- OCPM
- HRA/SHRM
- Blueprint Catalog Job Skill/Computer Classes

My signature confirms I have read and understood the rules and limits of the Exempt Professional Development Program for the above-noted programs offered to exempt state employees. I understand I am responsible for any program costs that exceed the fiscal year limit. For the rules and limits, check the Web site: <http://das.ohio.gov/epdp>.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Additional Information**

If applying for OCPM or Human Resources Academy, answer the following questions.

Do you manage a program or supervise staff?

Program     Staff,    \_\_\_\_ # supervised

Enter the length of time in current supervisory position?  
\_\_\_\_\_

For HRA, are you a manager/supervisor or employed in a human resources area?

Yes     No