|  |  |  |  |
| --- | --- | --- | --- |
| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | | LICENSING DIVISION (LD)  **Individual Training Plan** | |
| At the time of renewal, you are required to have completed 24 hours of training. This includes at least one training from each of the following competency categories:   * Understanding and Working Within the Child Welfare System * Parenting and Family Management * Caregiver Self-Awareness and Development * Racial Equity and Social Justice | | | |
| **Training Goal / Competency:** Choose an item. | | | |
| Course: | | | |
| Course: | | | |
| Course: | | | |
| **Training Goal / Competency:** Choose an item. | | | |
| Course: | | | |
| Course: | | | |
| Course: | | | |
| **Training Goal / Competency:** Choose an item. | | | |
| Course: | | | |
| Course: | | | |
| Course: | | | |
| **Training Goal / Competency:** Choose an item. | | | |
| Course: | | | |
| Course: | | | |
| Course: | | | |
| APPLICANT A NAME | | | DATE |
| APPLICANT A SIGNATURE | | | DATE OF BIRTH |
| APPLICANT B NAME | | | DATE |
| APPLICANT B SIGNATURE | | | DATE OF BIRTH |
| LD/CPA STAFF NAME | LD/CPA STAFF SIGNATURE | | DATE |