

Iowa Department of Human Services
FOSTER PARENT TRAINING APPLICATION

A. IDENTIFICATION OF TRAINING

Title:
Provider:
Date(s):
Number of Credit Hours Requested:

Attach a detailed description including names of program instructors and their qualifications

B. REQUEST SUBMITTED BY

Name:
Title:
Address:
Phone:

C. DECISION (for service area use)

Service Area:	Action Taken	<input type="checkbox"/> Not Approved	Number of Credit Hours:
<input type="checkbox"/> Approved			
Reason(s) Not Approved:			
Signature:			
Title:			Date:

If an applicant or provider of training objects in writing within seven days after notification of the Department's decision to deny or revoke approval, the service area manager shall review the decision to determine if the original decision shall stand. The decision of the service area manager is final and is not subject to an appeal.