**Office of Vocational Rehabilitation**

**Continued Education Submittal Form**

**(Due by July 1 of calendar year with OVR Vendor Contract)**

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| --- | --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | Date: |  |
| Employment Specialist Name: | |  | | Date of Hire: | |  |
| Phone Number & Email Contact: | | |  | | | |

* Employment Specialist hired throughout the contract year will be required to meet a prorated 1.25 hours of continuing education each month until the new contract year begins.  Once the employment specialist is on a current contract year they will be required to meet the 15 hours of continued education.

**Please attach certificate or verification of attendance for each box checked below.**

***Date occurred: Number of hours:***

|  |  |  |  |
| --- | --- | --- | --- |
| Certified Employment Support Professional Credential | |  |  |
| National or Kentucky APSE Conference | |  |  |
| UK-HDI Supported Employment Training (any offered) | |  |  |
| Supported Employment Leadership Series | |  |  |
| College of Direct Supports employment-related training | |  |  |
| Consultant training | |  |  |
| Kentucky Rehabilitation Association Conference | |  |  |
| IPS Conference | |  |  |
| Webinars sent by OVR or HDI: List separately | |  |  |
|  |  |  |
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|  |  |  |
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Other Webinars for approval: Please list each separately

***\*OVR consultant approval required***

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***\*Please use multiple forms if more than 4 webinars occurred in calendar year.***

**I acknowledge that the above information is correct and that the employment specialist was in attendance for documented trainings. I have attached all certificates and attendance verification.**

Employment Specialist Signature, Date Supervisor Signature, Date