



PATH Wisconsin, Inc. Foster Care Education
ALTERNATIVE EDUCATION CREDIT
Return this form to your Social Worker

To Earn Credit towards your *Annual Training Hours* or *Foster Parent Certificate* you must submit this form with:

- A copy of your certificate of attendance
- A copy of the training brochure, explaining what the training was about

Date: _____ Social Worker: _____

Foster Parent Name: _____

Training Topic (i.e. chemical dependency, sexuality, etc): _____

Format (book, class, lecture, video tape, etc.): _____

Title (name of book tape, etc. Include author, teacher, etc.): _____

How many hours did you spend on the (book, class, lecture, video tape, etc): _____

Date of Completion of Training: _____

Approved by:

Social Worker: _____ Date: _____

PATH Foster Care Certificate Program

I would like to receive certificate credit for this education. Please apply to:

(PATH Certificate Course Number and Title)

Course number and titles are listed on your PATH Foster Care Certificate Program Course List.
Call your area office if you need another copy.

Supervisor Approval for Certificate Credit: _____ Date: _____

Return completed form to Office Administrator for logging.