

## YSB FOSTER PARENT ONLINE TRAINING ACKNOWLEDGEMENT

(Please complete one form for each licensee)

**Foster Parent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name of Training:** (please check one)

- Foster Parent Appeal Process
- YSBIV Foster Parent Confidentiality
- IDHR Sexual Harassment

**Location of Training:** On-Line through YSBIV Website

Brief Description of Training:

Describe how this training will be helpful for you as a Foster Parent:

In completing this document, you acknowledge that you completed the training selected above as a requirement of YSBIV. Please send the complete form via email or mail to your assigned Licensing Worker.

(Please type or sign your name below.)

\_\_\_\_\_

Signature