

HB 810 Training Approval Request Form

Training Approval Requested By: _____

Title: _____ Agency: _____

Email: _____ Phone: _____

REQUESTER: Please complete this form & attach a **detailed agenda** that lists the start and end times of all training sessions while also indicating any breaks.

Events with more than 50 HB 810 participants will need to collect all POA forms and send to me.

Tanya.Kearney@ky.gov, 502-564-0674

Training Event Information

Training Title: _____

Training Provider: _____

Registration Contact Name: _____

Phone: _____ E-mail: _____

Website: _____

Training Intended For: Fiscal Court County Clerk Sheriff Jailer All

Registration Fees: Yes: Dollar Amount: \$ _____ No

Proof of Attendance: Request DLG to provide individual POA forms Sign-in Sheet Individual Certificate

Training date, time and location:

Describe the learning objectives & how the content pertains to improving job knowledge and skills for local elected officials OR provide attachment or link with this information:

Please list below all presenters w/titles OR provide attachment or link with this information:
