



Instructions for Completion of Support Broker Training Record

Please type all information into the file, save the completed document, and submit.

Section I

Last Name, First Name, and Middle Initial Please enter your legal name, even if you utilize a different name professionally. If you have more than one middle name, please use only the first initial from the first middle name.

Broker Authorization Number Please enter your five-digit Broker Authorization Number. This number must be correct. Regardless of any other information provided, the Authorization Number entered in this space receives credit for the hours included in this record. As such, if this information is not correct, you will not receive credit for completing the training. If the Authorization Number does not match an active Broker Authorization Number, OPWDD will discard the record without comment.

Authorization Year Start Enter the Authorization Year start date in month, day, year format (XX/XX/XXXX) or choose the appropriate date for the drop-down box.

For example, if authorized from 08/01/2019 to 07/31/2020 and are seeking re-authorization for the 2020-2021 year, you enter 08/01/2019.

For example, if your initial authorization became effective 12/4/2019 and extended to 7/31/2020, you enter 12/04/2019.

Section II

Date(s) of Training The date or dates of training in XX/XX/XXXX format. For example, if you attended a two-day conference starting October 1, 2019, you enter 10/01/19-10/02/19. Or, if there were breaks, you enter one day, a semicolon, and then the next day, as necessary. For example, 10/01/19; 10/04/19.

Title of Training and Topic Area The title of the training program you attended and the topic of the training. Please note that the topic should directly relate to improving your ability to provide Self-Directed Services.

If requesting credit through the Broker Mentorship Program, indicate "Mentorship" in this box and attach a copy of the Broker Mentorship Form. Please enter each Mentor/Novice on a separate line.

Who Provided the Training The name of the organization providing the training.

If requesting credit as a Mentor through the Broker Mentorship Program, indicate the name of the Support Broker who you mentored. If requesting credit as a Novice Broker, through the Broker Mentorship Program, indicate the name of your mentor. As indicated above, submit a copy of the Broker Mentorship Form, and enter each Mentor/Novice on a separate line.

Length of Training (Hours) The number of hours spent in the training class. Round down to the nearest quarter hour increment.

Please note

Use the training record to record your attendance at professional development training sessions. Each Support Broker is responsible for submitting their Training Record, in a timely fashion. OPWDD mandatory trainings do not count toward your Yearly Professional Development Training Requirements.

Include your proof of attendance with this form, titling the file with the title of the training (as included in the chart). Each proof of attendance should be presented as a separate file. The Broker Mentorship Form is sufficient for proof if seeking credit for hours through the Broker Mentorship Program.