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**MACC Training/Presentation Request Form**

**I. Please check all that apply to your organization/agency:**

- Non-Profit**                       **For-Profit**  
 **Health**     **Behavioral Health**         **Education**                       **Social Service**  
 **Criminal Justice**    **Safety**         **Other (Please specify)** \_\_\_\_\_

**II. Please tell us more about your previous cultural competence and/or diversity initiatives:**

- Cultural Audit/Assessment  
 Demographic survey of populations in service delivery area  
 Culture and diversity awareness training  
 Cultural/racial/ethnic specific training(s)

(Please check all that apply and identify the specific culture and/or training for each as applicable)

- |   |       |
|---|-------|
| <input type="checkbox"/> African American/Black   | _____ |
| <input type="checkbox"/> Bi/racial                | _____ |
| <input type="checkbox"/> Amish                    | _____ |
| <input type="checkbox"/> Appalachian              | _____ |
| <input type="checkbox"/> Asian                    | _____ |
| <input type="checkbox"/> Developmentally Disabled | _____ |
| <input type="checkbox"/> GLBTQ                    | _____ |
| <input type="checkbox"/> Hispanic/Latino          | _____ |
| <input type="checkbox"/> Muslim                   | _____ |
| <input type="checkbox"/> Native American          | _____ |
| <input type="checkbox"/> Poverty                  | _____ |
| <input type="checkbox"/> Somali                   | _____ |
| <input type="checkbox"/> Veterans                 | _____ |
| <input type="checkbox"/> Other                    | _____ |

**III. Please identify the composition and approximate number of participants for the training requested:**

(Check all that apply)

- |  | <u>Number</u> |
|--|---------------|
| <input type="checkbox"/> <b>Board/CEO</b>              | _____         |
| <input type="checkbox"/> <b>Management</b>             | _____         |
| <input type="checkbox"/> <b>Supervisors</b>            | _____         |
| <input type="checkbox"/> <b>Direct Service</b>         | _____         |
| <input type="checkbox"/> <b>Support/Clerical</b>       | _____         |
| <input type="checkbox"/> <b>Volunteers</b>             | _____         |
| <input type="checkbox"/> <b>Consumer/Family/Client</b> | _____         |
| <input type="checkbox"/> <b>Other</b> _____            | _____         |

**IV. Please indicate the kind of training/presentation you feel is needed:**

- General organizational/agency cultural competence
- Cultural/racial/ethnic specific \_\_\_\_\_
- Specific issue i.e., mental health, alcohol/drug, education, etc. \_\_\_\_\_
- Other \_\_\_\_\_  
(Please share your current issues/concerns)

**V. Length/type of training:**

- 1 hour presentation     3-hour training     full-day (6-hours) training

MACC's responsibilities:

- MACC will provide the trainer/expert on the selected topic. The topic will be further discussed with Collaborative Partner(s)'
- MACC will develop and forward to the Collaborative Partner(s) a training registration form/brochure
- MACC will be responsible for providing all training materials and evaluation forms;
- MACC will secure and pay the costs thereof for the training venue;
- MACC will be responsible for conducting training registration, if applicable;
- MACC will provide continental breakfast and afternoon refreshments, as determined by client;
- MACC will provide certificates of completion/attendance and CEU's for Psychologists, Nurses, Counselors, Social Workers and RCH's for Chemical Dependency professionals for each participant.

Collaborative Partner(s) responsibilities:

- Collaborative Partner(s) shall finalize the training date, topic and identify the appropriate training venue no later than **3 months prior to the training date;**
- Collaborative Partner(s) shall forward **local e/ mailing lists to MACC no later than 2 months** before the training date, if the partner is interested in sharing the training opportunity with other agencies and;
- Collaborative Partner(s) shall provide clerical support at the time of registration, if needed.

Training costs and/or fees are negotiated based upon length of training, number of participants, type of agency and their MACC membership status. Upon completion of this request form, MACC will schedule a face-to-face meeting or conference call to discuss in detail the training request.

**Contact information:**

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_