

San Gabriel / Pomona **Regional** Center

## ADMINISTRATOR **CONTINUING EDUCATION**

Administrator Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Date of Hire:\_\_\_\_\_ Date of Hire:\_\_\_\_\_\_ Date of Hire:\_\_\_\_\_\_\_ Date of Hire:\_\_\_\_\_\_ Date of Hire:\_\_\_\_\_\_ Date of Hire:\_\_\_\_\_\_ Date

Note: Topics may include the following as they relate to planning and implementation of residential services: client services as described in program design, client-s rights, health and safety issues, client social and physical integration, the IPP Planning Team process, and development and implementation of IPP-s. [Section 56037 (a)]

DATE	PRESENTER	ΤΟΡΙϹ	CERTIFICATE OF COMPLETION (Y OR N)	HOURS

(For each 12 month period, 8 hours required for Level 2, 12 hours required for Level 3 & 4)

SGPRC 817 (5/03) - Added new logo