Program Delivery Agreement Office of Reentry Services

The Office of Professional Development and Inmate Services Division are pleased that you registered to receive training in one of our training programs. With this training, certain expectations do exist. The following is your obligation to uphold these commitments within your facility.	
Ι,	, have been scheduled to receive
training in	, have been scheduled to receive Upon completion of this
training, I will be prepared to	facilitate this group at my facility. I will begin the above group within the
approved prior to training). This assigned as a case-manager or facilitator. I also understand additional trainings needed to population. I also understand the program as it is designed by the	next available program cycle (unless serequirement is waived if the trainee is is the back up to the main program that I must attend all boosters and facilitate programs to the offender at I am responsible for facilitating the creator of the program and/or taught lo understand if I fail to adhere to these om facilitating said programs.
Participant/Staff	Date
Supervisor	Date
Please bring a copy of this sign training.	ned form with you on the first day of