

OJDDA PROGRESSIVE APPLICATION

- Working with Youth in Oregon Certification
- Renewal

Name: _____

Date of Certificate _____

Date current or last certificate expires: _____

County juvenile department in which you are currently employed: _____

If different from the above, please list other name(s) and/or counties:

Summary of approved training completed during the past 24 months:

Dates of training completed: _____

List training approved by your juvenile department as continuing education in your job. You must list at least 40 hours of training hours taken during the 24 months since the effective date of your last certificate.

For each training you list, please include the following information:

- course title or brief description of learning goals
- organization or instructor offering the training
- hours of Training

You may attach a separate sheet instead if you prefer.

Total training hours: _____

Signature of Juvenile Director: _____

Date: _____

Date mailed: _____