

INSTRUCTIONS: This form is to be completed and signed by a foster parent seeking credit for alternative training. Complete one form per foster parent for each book, video, or audio tape reviewed and return it to the licensing worker. The completed form will be placed in the foster parent's licensing file.

FOSTER PARENT INFORMATION	
Name of foster parent	Telephone number
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Address (number and street, city, state, and ZIP code)	Local DCS or child placing agency

BOOK, VIDEO, OR AUDIO TAPE INFORMATION

Author /	presenter

Title

Length of book or tape	Credit hours

What was the book or tape you reviewed about? (Add extra sheets, if necessary.)

ALTERNATIVE TRAINING VERIFICATION (continued) State Form 52643 (R2 / 1-11)

How does this book or tape relate to your role as a foster parent?

Vhat one new thing did you learn as a result of reviewing this book or tape?	

What is one thing you would change about the way you foster children as a result of reviewing this book or tape?	

I hereby verify that I reviewed the book or tape named above and that I completed this form based upon my personal knowledge of the material reviewed.		
Signature	Date (month, day, year)	

To receive training credit, you must mail this form to your licensing worker at the following address:

DISTRIBUTION: Original - Local DCS office; Copy - Foster parent or licensing agency