Use this form to request approval for training that meets the Contract Performance Standards (CPS) training requirements. Email the completed form to [DIT-MiCSES-TrainingRegistration@michigan.gov](mailto:DIT-MiCSES-TrainingRegistration@michigan.gov). OCS Training Services will complete the OCS Training Services section of this form and will notify you of the results via email.

See the example on the second page if needed.

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| **CPS Training Approval Form** | |
| **Submitter’s Name** | *Provide the name of the individual submitting this request.* |
| **Submitter’s Email** | *Provide the email address of the individual submitting this request.* |
| **Training Session Name** | *Provide the official name of the training session.* |
| **Training Source** | **Preferred sources:**  Child Support Organization (Michigan)  Child Support Organization (National)  **Other sources:**  User Group meeting  Local office training  Non-child support professional organization  Other: |
| **Description** | *Provide a description of the course content covered in the training session. Also provide detail on the expected skills learned (takeaways) so that a determination of credit can be made. A session agenda may not be sufficient.* |
| **Instructor** | *Provide the name of the individual(s) presenting the training session.* |
| **Date of Training** | *Provide the date training will be held.* |
| **Time** | *Provide the training duration (e.g., “One hour”). If available, include the start time and end time.* |
| **Credit Type Request** | Customer Service credit  IV-D credit |
| **Number of Training Participants** | *Provide the approximate number of individuals requesting credit for the training session.*  ***Note:*** *If there are fewer than five Michigan IV-D participants in the training, the IV-D office will enter the training in the Learning Management System (LMS) using the external training entry method after Training Services approves this request.[[1]](#footnote-2) If the session will likely have five or more Michigan IV-D participants, OCS will add the training to the LMS and register people using a roster provided by the office/organization. To prevent duplicate entries, advise training participants* ***not*** *to add this training as external training in the LMS.* |

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| **TO BE COMPLETED BY OCS TRAINING SERVICES** | |
| Training Name |  |
| Date/Time |  |
| Approval Status:  Approved: IV-D  Approved: Customer Service  Denied | IV-D denial reason(s):  Not a IV-D topic  Does not meet training definition  Not an approved source  Not enough information to make determination  Customer Service denial reason(s):  Not a customer service topic  Does not meet training definition  Not an approved source  Not enough information to make determination |
| Approved/Denied by: Click or tap here to enter text.  Date: Click or tap here to enter text. | |

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| **Contract Performance Standards Training Approval Form - Example** | |
| **Submitter’s Name** | Jacques Cousteau |
| **Submitter’s Email** | underwaterguy@sharkcounty.gov |
| **Training Session Name** | Alerts for New Users in MiCSES |
| **Training Source** | **Preferred sources:**  Child Support Organization (Michigan)  Child Support Organization (National)  **Other sources:**  User Group meeting  Local office training  Non-child support professional organization  Other: |
| **Description** | Users will learn how to sort alerts in MiCSES and what work needs to be done for each kind of alert. |
| **Instructor** | Steve Zissou |
| **Date of Training** | December 18, 2021 |
| **Time** | 1 p.m. – 2 p.m. |
| **Credit Type Request** | Customer Service credit  IV-D credit |
| **Number of Training Participants** | 25 |

1. Ref: the section “Add External Training” in the [*LMS – Learning Management System Learner Role Job Aid*](https://stateofmichigan.sharepoint.com/sites/DHHS-SPT-MiSupport/Training1/Job%20Aid%20-%20LMS%20Learner%20Role.pdf). [↑](#footnote-ref-2)