



FDC Instructors' Network

Notice to Start Empowerment Skills for Workers (FDC) Course

Please send this form to the Missouri Community Action Network *30 days prior to the beginning of the program*, with the \$200 Training Program fee. Checks should be made payable to **Missouri Community Action Network (Missouri CAN)** with attention to Becky King – Missouri CAN at 2014 William St. Jefferson City, MO 65109. Phone: 573-634-2969. Fax: 573-636-9440. E-mail: bking@communityaction.org

What organization (agency(s), college or coalition) is sponsoring this training?

Instructor(s): (please print)

Name: _____ Phone# _____

Address: _____

E-mail _____

Name: _____ Phone# _____

Address: _____

E-mail _____

Portfolio advisor(s): (attach extra sheet if needed)

Name: _____ Phone# _____

Address: _____

E-mail _____

Name: _____ Phone# _____

Address: _____

E-mail _____

1. What are the **start date** _____ **& end date** _____ for your training program?
2. What is your **exam date?** _____
3. Location of training: City _____ State _____ Zip Code _____
4. Number of participants: _____
(Please attach alphabetized participant list with full names and email addresses.)
5. Training schedule (sessions meet when and for how long): _____
6. Portfolio advisement arrangements (when and how often portfolio advisors meet with workers): _____

7. Is there any assistance you would like from Missouri CAN or the National Family Development Credential Program for this training program? (Use back or additional page if needed.)
