



Ohio Employee Assistance Program (OEAP) On-Site Training Request

To access a listing of available supervisor or employee trainings, click on to [Education and Training](#). For requesting training/seminars, please complete this request form.

- Training events require an advance notice of 10 business days and require a minimum of 15 participants.
- Send the completed request to OEAP (**Attn: Carrie McKean**) via fax @ **(614) 564-2510** or email to Carrie.McKean@odh.ohio.gov.
- An EAP Consultant will make contact within 3 business days of receiving the request.
- When completing the request, indicate the name of contact person who can make all of the required decisions regarding the training / event.
- Should you have any questions, please contact your EAP Consultant.

| Agency Coordination Information | | | | | |
|--|--------------------------|--------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Date of Request: | | Agency / Institution: | | | |
| Name of Contact Person: | | Supervisor: | | | |
| Contact Phone: | | Supervisor Email: | | | |
| Contact Email Address: | | Agency / Institution EAP Coordinator | | | |
| Event Type | | | Training Type | | |
| Employee Orientation: | <input type="checkbox"/> | Organization Restructure: | <input type="checkbox"/> | Supervisor Training: | <input type="checkbox"/> |
| Supervisor Orientation: | <input type="checkbox"/> | Health Fair: | <input type="checkbox"/> | Employee Training: | <input type="checkbox"/> |
| Critical Incident Stress Debriefing: | <input type="checkbox"/> | Conflict Management: | <input type="checkbox"/> | Combination of Employee / Supervisor: | <input type="checkbox"/> |
| Training / Event Information | | | | | |
| Training / Event Topic: | | | | | |
| Date of the Training/Event: | | Address: | | | |
| Time of the Training/Event: | | City: | | | |
| # of people to attend: | | Zip Code: | | | |
| Resources | | | | Yes | No |
| ▪ Agency will provide a computer/laptop for a PowerPoint presentation. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Agency will provide the LCD projector for a PowerPoint presentation. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Agency will arrange the room set up, podium, internet connection, if required. | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Instructions | | | | | |
| | | | | | |

SPECIAL NOTE:

Training events vary between 60 minutes to 2.5 hours. Indicate preferred length of time _____. Customized education and training programs must be coordinated directly through your EAP Consultant.