



AFFILIATE PERMISSION

WWW.FOSTERPARENTCOLLEGE.COM

For agencies recognizing FPC Training Certificates:

Information is for

- This Location Only
- All Branches within Agency
- Other (please attach)

Agency Name (to be listed): _____

Name (for public contact): _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website Address: _____

Counties you provide your services in (please attach if needed): _____

Training Hours

_____ Total number of annual certified training hours required by your agency

_____ Number of hours allowed by your agency through online training.

Monthly Newsletters

E-newsletters should be emailed the following address(es) (for more than 3 please attach):

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Weblinks

If you would like to provide a link to FosterParentCollege.com from your site:

Webmaster Name: _____ Phone: _____

Email Address: _____

We acknowledge your agency's acceptance of certificates obtained through FosterParentCollege.com as credit for in-service training hours.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Fill out and send this form to Laurie Coffman (contact information below)