

Organization/Presenter Information:

Name of Organization	Address	E-Mail
Name of Presenter	Organization Represented by Presenter	

Please attach copies the following documents provided by the organization that sponsored the training. (Please send specific content rather than entire programs, manuals, etc.)

- **Description of Training**
- **Content Outline**
- **Verification of Attendance**

The Training Approval Form and required documentation may be returned to:

ADA Coordinator Training Certification Program

100 Corporate Lake Drive
Columbia, MO 65203

Copies may also be faxed to: **573-884-4925** or emailed to: **edwardsmic@missouri.edu**