



Attachment H
Candidate Support Document

Candidate Name: _____

Date: _____

Please describe your organization's plans for supporting the candidate during his/her training. Include specific information regarding how the candidate's time will be organized and the types of technological resources that will be made available (e.g., clerical support, supplies, phones). Also, please describe how the candidate's training at the KIPBS resolves important needs of your organization.

Name: _____

**Work
Address:** _____

**Work
Phone:** _____

Email: _____