

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY TRAINING REGISTRATION/CANCELLATION FORM

TODAY'S DATE: _____

REGISTRATION

CANCELLATION - CLASS & DATE TO CANCEL: _____

RESCHEDULE (INDICATE CLASS & DATE BELOW)

STAFF NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: _____ SUPV. EMAIL: _____

HOME NAME: _____ DATE OF HIRE: _____

(Refer to your contract to determine the required classes for your employees.)
***** IF STAFF NEED ASSISTANCE OR ACCOMMODATION IN TRAINING, PLEASE CONTACT THE TRAINING CENTER PRIOR TO THE CLASS.**

CLASS NAME	DATE	CLASS NAME	DATE
AHA Heartsaver CPR & SFA	_____	Nonviolent Crisis Intervention I	_____
Community Living Sup. (CLS)	_____	Nonviolent Crisis Intervention II	_____
Cultural Competency/LEP	_____	Nonviolent Crisis Int. Update	_____
Diabetes	_____	Positive Behavior Support Practices	_____
Direct Support: Effective Teaching	_____	Preventing Disease Trans. (BBP)	_____
Documentation	_____	Recipient Rights	_____
Health	_____	Working with People - Human Needs	_____
Introduction to DD/MI	_____	<u>ON-LINE UPDATE CLASSES</u>	
Medication Administration	_____	Cultural Competency Update	_____
Mobility, Feeding, & Range of Mot.	_____	Person Centered Planning Update	_____
Nutrition & Food Safety	_____	OSHA-Bloodborne Pathogens vol. 3	_____
PCP/Self Determination	_____	Recipient Rights Update	_____

MAIL, FAX, OR E-MAIL REGISTRATIONS TO THE TRAINING CENTER

FAX # 616-494-5541, E-MAIL – CMHTrainingCenter@miottawa.org

A \$20 “No Show” fee will be charged for trainees who are registered but do not attend class, if the Training Center is not notified of the cancellation at least *24 hours* in advance. This fee applies to classes held at all training sites.