

## PARTICIPANT APPLICATION

Please complete and fax to: 774.441.7799

Scan: [amy.green@umassmed.edu](mailto:amy.green@umassmed.edu)

### Applicant Contact Information

1. Name (first, last):

2. Home Mailing Address:

(CEU Award Document will be mailed at end of Program here. Please note that there is a \$20 fee that Berkshire AHEC charges to have Award Document sent to a different address. Please keep address up to date. (No office please).

I HAVE READ AND UNDERSTAND THE POLICY ON THE MAILING OF THE CEU AWARD DOCUMENT.

3. Can be reached number:

4. Email (mandatory):

### Site Information

1. Semester you are applying for (example Spring 2011):

2. I would like to take the course at the following site:

3. I would like to be referred to a site to take the course in :

### Payment Information *(registration will not be complete until tuition is received)*

Participant Paying (Self)

Other Organization Paying

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

**REFUND POLICY:** Written notification of cancellation must be received two weeks prior to the first workshop to obtain a partial refund (\$50 administrative fee will be retained). NO refund will be made after that date, though you may transfer your paid registration to another individual.

**License Number :** \_\_\_\_\_

**Type of License:** \_\_\_\_\_

**State of License:** \_\_\_\_\_

**Name as it should appear on Certificate (include degree):**

Example: John C. Riley, PhD

(Please Print) \_\_\_\_\_

**Degree (circle/check):**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> BA/BS/BSW      | <input type="checkbox"/> PhD/PsyD/EdD |
| <input type="checkbox"/> MSW/LCSW/LICSW | <input type="checkbox"/> RN/LPN       |
| <input type="checkbox"/> MFT            | <input type="checkbox"/> NP/PA        |
| <input type="checkbox"/> MS/MA          | <input type="checkbox"/> MD/DO        |
| <input type="checkbox"/> Student        |                                       |

**Job Title:**

- |  |   |
|--|---|
| <input type="checkbox"/> Clinical Social Worker      | <input type="checkbox"/> Navigator        |
| <input type="checkbox"/> Psychologist                | <input type="checkbox"/> Care Manager     |
| <input type="checkbox"/> Primary Care Provider       | <input type="checkbox"/> Care Coordinator |
| <input type="checkbox"/> Nurse                       | <input type="checkbox"/> Case Manager     |
| <input type="checkbox"/> Behavioral Health Clinician |   |
| <input type="checkbox"/> Marriage & Family Therapist |   |
| <input type="checkbox"/> Substance Abuse Counselor   |   |
| <input type="checkbox"/> Other _____                 |   |

**I elect to take Workshops 1, 2, 4, 5, 6 and:**

**3A** (Child Development & Collaborative Pediatric Practice session, Nov. 4, 2011)

<http://www.umassmed.edu/FMCH/PCBH/Workshop3A.aspx>

**3B** (Serious Mental Illness session, Nov. 11, 2011)

<http://www.umassmed.edu/FMCH/PCBH/Workshop3B.aspx>

**Both**

You may choose to take both of these workshops (3A and 3B) for an additional charge of \$200

**Applying for:**

**CEU's**

Psychology  Social Work  Licensed Counselor  LMFT  Nursing  NBCC (Credit for Substance Abuse)

**CME's** (I am a physician and would like to receive CME's)

**None**

*CEU's/CME's are granted by a third party (Berkshire Area Health Education Center). The CEU Award Documents are issued approximately 45 days after the last workshop in the course. It is not possible to issue these documents early.*

**I HAVE READ AND UNDERSTAND THE CEU PROCESS**