

Behavioral Health Training - Denver CARES 1155 Cherokee Street, Suite 265 Denver, CO 80204 Phone: (303) 436-3570 Fax: (303) 436-4023 Course Registration Form

Student Information				_
Last Name:				
First Name:				
Employer:				
Date of Birth (for transcripts):				_
Billing Address (must match credit card billing address):				
City, State:		Zip Code:]
Student Phone:		E-mail Address:		
Alternate Phone:				
Course Registration(s)				
Course Title:		Course Title:		
Date(s):		Date(s):		
Credit card #:		Exp Date:		
Payment Amount:	CVV (3 digits on back of car	d):		
Signature:				
	ase indicate your payment method on this form and mal	ke arrangements by calling ((303) 436-3570 or emailing I	bhstraining@dhha.org.
*Payment in full is required pric	or to class enrollment.			_
To be completed by Denver	CARES Training Department:			
Received by:				
Date received:				
Questions:	Please call (303) 436-3570 or email bhstraining@dhh	a ora		
Payment Requirement:	Payment in full is required at the time of registration and by the administrator.		have been	
Registration: Submit forms to: email: bhstraining@dhha.org Fax: (303) 436-4023 or 1155 Cherokee St., suite 265 Denver, CO 80204	Registrations are accepted on a first-come, first serve basis. Some classes may have maximum capacity. Some classes may have minimum enrollment requirements in order to conduct the class. If minimum enrollment is not met, the class may be cancelled and you will be notified within 3 business days of class date. If a class is cancelled, you will be refunded in full, or you may elect to enroll in another class.			
Cancellation:	7 business days advanced notice preceding the class date is required in order to receive a full refund. Cancellations received after 7 business days will not be refunded under any circumstances. Credits will be issued at the discretion of the training department. Due to limited class size, some classes are non-refundable and non-transferrable. * <u>Addiction Counseling Skills, Advanced</u> <u>Motivational Interviewing, Clinical Supervision 1, and Clinical Supervision 2</u> are <u>non-transferrable</u> and <u>non-refundable</u> . All cancellations must be submitted in writing via BHS Training cancellation form.			