

BUREAU FOR BEHAVIORAL HEALTH 350 Capitol Street, Room 350 Charleston, WV 25301

Vicky E. Hatfield (p) 304-352-5586 (f) 304-558-1008

Please submit this completed document at least one (1) month before your training date.

Did you invite participants outside of BBH	Organizer:				Today's Date:
Presenter(s): Presenter(s): Training Date(s): Training Site (Please give full address): Is the site ADA accessible? Yes No Training Objectives (if more space is needed, submit extra pages as necessary): Did you invite participants outside of BBH Yes No Number of CE's requested: employees to attend? Please check the type of CE's you are requesting. (You may select more than one) Social Work Estimated number of participants needing CE's					
Tritle of Workshop: Presenter(s):	E-Mail:]
Presenter(s):	Phone:]
Training Date(s): Training Site (Please give full address): Is the site ADA accessible? Yes No Training Objectives (if more space is needed, submit extra pages as necessary): Did you invite participants outside of BBH Please check the type of CE's you are requesting. (You may select more than one) Social Work LPC Addiction and Prevention Agenda with specific tines including breaks. Resume/blo of presenter(s) Agenda with specific tines including breaks. Please of presenter(s) No Number of CE's requested: Following: No Number of CE's requested: Following: No Number of CE's requested: Following: Following: No Number of CE's requested: Following: No Number of CE's requested: Following: Following: No Number of CE's requested: Following: No Following: Following: No Following: No Following: No Number of CE's requested: Following: Following: No Fo	Title of Workshop:				
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Training Site (Please give full address): Same of the control o	Training Date(s):				2. Resume/bio of
Did you invite participants outside of BBH					3. Marketing materials (brochures, e-mail blasts, etc.) List CE's as pending. 4. Copies of presentations and handouts that will be
employees to attend? Please check the type of CE's you are requesting. (You may select more than one) Social Work LPC Addiction and Prevention OFFICE USE ONLY	Training Objectives (if more			<u> </u>	y):
employees to attend? Please check the type of CE's you are requesting. (You may select more than one) Social Work LPC Addiction and Prevention OFFICE USE ONLY					
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OFFICE USE ONLY	_				
E-mail completed form as an attachment to: Vicky.E.Hatfield@wv.gov Training Approved?	E-mail complete	d form as an attachment to:		Training Appr	