



Course Registration Form

Behavioral Health Training/Denver CARES
 1155 Cherokee Street, Room 265 Denver, CO 80204
 Phone (303) 436-3570 Fax (303) 436-4023

Student Name

| | | | |
|---|--|------------------|--|
| Last, First Name | | | |
| Employer: | | | |
| Date of Birth (for transcripts): | | | |
| Billing Address (must match credit card billing address): | | | |
| City, State : | | Postal Code : | |
| Employee Home Phone: | | E-mail Address : | |
| Alternate Phone Number: | | | |

Course Registration

| | | | |
|---------------|--|---------------|--|
| Course Title: | | Course Title: | |
| Dates: | | Dates: | |

Payment Type

| | | | | | |
|--|--------------|-----------|--|--------|--|
| Credit Card Number (Visa, MC, AMEX or Discover): | | Exp Date: | | CVV: | |
| Cash: | Scholarship: | | | Check: | |
| Payment Amount: | Signature: | | | | |

***Other forms of payment are also accepted. Should you choose to use another form of payment, please indicate it on the form and make arrangements with us by emailing BHSTraining@dhha.org or by calling (303) 436-3570.**

Questions

Any questions may be answered by calling **303-436-3570**.

Payment Requirement:

Full payment is required at the time of course registration unless other arrangements have been made by the administrator.

Registrations:

Registrations are accepted on a first-come, first serve basis. Some classes may have maximum limits.

Forms can be submitted via:

Some classes may have minimum enrollment limits in order to conduct the class. Should the minimum enrollment be insufficient, the class may be cancelled and you will be notified within 3 business days of class date. Should a class be cancelled, you will be given a full refund, or you may elect to enroll in another class.

e-mail: training@dhha.org

Fax: (303) 436-4023

1155 Cherokee St., Rm 265

Denver, CO 80204

Cancellation Requirements:

Should you need to cancel a class, **seven** business days prior to the class date is **required** in order to receive a full refund. Cancellations received after the seven 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. Addiction Counseling Skills, Advanced Motivational Interviewing, Clinical Supervision 1, and Clinical Supervision 2 are non-transferrable and non-refundable. All cancellations must be submitted on the "Cancellation Form" located in the training office.

Student Acknowledgment: I certify that I have read and understand the requirements of registration and cancellation to take courses through the Behavioral Health Services Training Department at Denver CARES Withdrawal Management Clinic

X: _____

To be completed by Denver CARES Training Department:

Received by:

Received Date:



CAC Class Application Form

Use One Application Form Per Course

For pre-approval submit this form (the original) to **Diana Flores** at mail code 3440 prior to registration. Upon class/course completion, we will attach a proof of grades/transcripts to your copy of this form and then submit to the Human Resources Department for tracking purposes. Employees must be a minimum DH FTE status of .5 to be eligible to participate in tuition reimbursement. **Parking in the Denver CARES lot is not available for non-Denver CARES staff. Parking fees and mileage are not reimbursable, per IRS regulations.**

| | | | | |
|---|------------|------------------------|---|------------------------|
| Employee Name | | Department | Mail Code | Work Phone |
| Employee's Address <input type="checkbox"/> Check if this is a new address. | | City, State & Zip Code | | SSN or Employee Number |
| Job Title | Supervisor | Hire Date | Is your FTE Status 0.5 or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|---|--------------------------|---|----------------------|--|
| Name of Institution Behavioral Health Services Training – Denver CARES Withdrawal Management Facility | | Degree Working Toward <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Certificate <input type="checkbox"/> Other: | | |
| Is course required or elective? <input type="checkbox"/> Required <input type="checkbox"/> Elective | Course Title | Course Start Date | Course End Date | |
| Cost of Tuition | Registration Fees N/A | Course Fees N/A | Cost of Books N/A | |

Required: State briefly how this course/program will help either in your current position or in your desired career path at Denver Health.

AUTHORIZATION FOR TUITION REIMBURSEMENT

I agree that my acceptance of tuition shall be subject to the following terms and conditions. I understand that if I receive a grade C (2.) or better or "pass" for a pass/fail course, then Denver Health may issue a 50% reimbursement for my course. I understand that if I don't receive a grade C (2.0) or better or don't receive a "pass" for pass/fail course, I will not be eligible for Tuition Reimbursement. If I leave Denver Health within one year of completing classes for which Denver Health has paid, the tuition paid by Denver Health in the year preceding termination will be deducted from my final payment of salary, wages and/or PTO. You will also be billed for any remaining balances. I have 120 days from course completion to submit reimbursement.

Do you agree to the above agreements? Yes No. Are you now receiving any other tuition assistance including loans, grants, or other sources? Yes No. If yes, which sources and how much have you received?

\$ _____ Sources _____

Cancellation Policy: Cancellations must be submitted on a cancellation form within **7 business days** prior to the class date. Cancellations received later than the 7 days will be at the discretion of the training department. **No call – No shows will result in the employee having to pay for the class.**

| | |
|--------------------------------------|------|
| Employee Signature | Date |
| Supervisor or Dept Manager Signature | Date |

COURSE APPROVAL

| | | |
|-------------------------|---------------|--|
| CAC Department Approval | Date Approved | <input type="checkbox"/> Course Approved <input type="checkbox"/> Course Not Approved |
|-------------------------|---------------|--|

Reason Course Not Approved