



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

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

Organizer: [Text Box]

Today's Date:

Sponsoring Organization: [Text Box]

[Text Box]

E-Mail: [Text Box]

Phone: [Text Box]

Title of Workshop: [Text Box]

Presenter(s): [Text Box]

Training Date(s): [Text Box]

Training Site (Please give full address): [Text Box]

- Along with this form please submit the following:
1. Agenda with specific times including breaks.
2. Resume/bio of presenter(s)
3. Marketing materials (brochures, e-mail blasts, etc.) List CE's as pending.
4. Copies of presentations and handouts that will be used.

Is the site ADA accessible? [ ] Yes [ ] No

Training Objectives (if more space is needed, submit extra pages as necessary):

[Large empty text box for training objectives]

Did you invite participants outside of BBH employees to attend? [ ] Yes [ ] No

Number of CE's requested:

Please check the type of CE's you are requesting. (You may select more than one)

[Text Box]

Estimated number of participants needing CE'S:

- [ ] Social Work
[ ] LPC
[ ] Addiction and Prevention

[Text Box]

E-mail completed form as an attachment to: Vicky.E.Hatfield@wv.gov

OFFICE USE ONLY

Training Approved? [ ] Yes [ ] No Reason? [Text Box]