**CPRS Supervisor Training Registration**

Thank you for your interest in the CPRS Supervisor Training. Please complete this registration form and return to Mary McQuown at [mary.mcquown@dbhds.virginia.gov](mailto:mary.mcquown@dbhds.virginia.gov). Please attach your certificate from the online portion of the training **(certificate is required for registration)**. You will need to complete a separate registration form for each individual attending. *Seating is limited*. *First come, first served*.

If you have any questions about registration, please call Mary McQuown at 757-403-3007. You will receive confirmation of your registration status within 48 hours.

\_\_\_\_ Mar 27, 2019, Richmond Area

VACSB Offices

10128 West Broad St., Ste B

Glen Allen 23060

The training schedule is from 9:00 am -4:00 pm. Sign-in begins at 8:30.

**Will you provide supervision to CPRS whose peer services will be billed to Medicaid?** \_\_ Yes \_\_ No

**FIRST NAME LAST NAME**

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**STREET ADDRESS**

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**CITY**

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**STATE ZIP CODE PHONE**

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**DBHDS REGION YOU WORK IN**

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**EMAIL**

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**MEALS AND LODGING**

Boxed lunches will be provided for March 27. Other meals, travel and lodging are the responsibility of the registrant.