**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.

\_\_\_\_ May 22, 2019, Lynchburg \_\_\_\_\_ June 4, 2019, Manassas

Virginia Baptist Hospital Prince William County CSB

Craddock Terry Auditorium Jean McCoy Conference Room

3300 Rivermont Ave 7987 Ashton Avenue

Lynchburg, 24503 Manassas, 20109

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**

Meals, travel and lodging are the responsibility of the registrant.