

DMHAS FALL 2009 Individual Application for State In-Service Training Programs

Applications will be accepted throughout the Employee Registration Period, 7/15/09 through 8/19/09.

Facility TAOs must submit all applications to the AGENCY TAO NO LATER THAN:

Friday, August 21, 2009

YOUR FACILITY TAO IS: (TAOs must complete this section.)

Facility and TAO Name:

Telephone Number:

Address:

Fax Number:

Important notes to Applicants:

- Direct all questions regarding timelines and procedures to your Facility Training Approval Officer. DMHAS has unique policies concerning deadlines, eligibility, and the registration process.
- Prior to enrolling, speak with your TAO or union representative regarding your union's contract language and reimbursement for training fees.
- Be sure to carefully check the dates and times of the courses you are applying for, for any potential conflicts. **No seat changes or withdrawals are allowed once seats have been assigned.**
- An attendance certificates will be issued at the end of each course. Please ensure a copy is give to your Facility TAO.
- Maps and driving directions to in-service training sites can be found at the end of the catalog and will be posted as a separate document online at www.ct.gov/dmhas/educationtraining.
- **Please review the additional Registration Information for Students located on Page 6 of the course catalog.**
- **Submit this application to your Facility Training Approval Officer no later than August 19, 2009.**

Information about the Applicant: (Please print clearly and provide all requested information)

Name:

Employee #:

DMHAS Facility:

Job Title:

Department/Unit:

Work Phone:

Work Address:

Work Fax:

I understand that I am required, per DMHAS Commissioner Policy #230-17, to pay the course fee upon notification of my acceptance, and I will make payment upon notification of acceptance into this course.

Employee Signature: _____ Date: _____

Please provide the following information which is needed to meet State and Federal Affirmative Action requirements:

Male _____ Female _____ White _____ Black _____ Hispanic _____ Native American _____ Asian _____

Course Information – One Course per Page (Please print clearly and provide ALL requested information)

Course Title:

Course Number:

Course Date(s) and Times:

Course Fee:

I meet the prerequisites listed in the course description: _____ Yes _____ No _____ None Listed

Supervisor's Approval:

Name (Printed): _____

Title: _____

Signature: _____

Date: _____

Facility Training Approval Officer Approval:

Name (Printed): _____

Date: _____

Signature: _____