CONDITIONAL RELEASE SERVICE UNIT – DMHAS/DIVISION OF FORENSIC SERVICES

Psychiatric Security Review Board (PSRB) Acquittee Program Fundamental Training
2012 TRAINING ENROLLMENT REGISTRATION FORM

PLEASE PRINT CLEARLY OR TYPE – APPLICATIONS MUST BE LEGIBLE TO BE PROCESSED.

Training is held on Thursdays in Page Hall, Room 217, CT Valley Hospital.
Please arrive promptly at 8:30AM. Training ends at 12:30PM.

PLEASE CIRCLE ONE DATE:

February 2, 2012 **April 5, 2012** **June 7, 2012**

August 2, 2012 **October 4, 2012** **December 6, 2012**

Check One: ____DMHAS State Employee ____State Employee (Non DMHAS) ____DMHAS Funded Agency Employee

____Other *(please explain)* _____

Your Name: _____
Last Name ***First*** ***Middle***

Job Title:_____ Employee#:_____
[Required for DMHAS Employees]

Agency Name/Address: _____

_____

Work Tel: ( )_____Work Fax: ( )_____E-Mail: _____

Check One:
____ I am currently providing treatment or supervision to a PSRB acquittee in the community.
____ I anticipate providing treatment or supervision to a PSRB acquittee in the community within the next year.
____This training is not mandatory for me but I am interested in learning about the PSRB.

Please Circle:

Certification/Licensure					*Highest Degree*								
APRN	CADC	LMFT	LADC	OTHER	AA	AS	BA	BS	BSN	BSW	MA	MS	OTHER
LPN	RN	LCSW	LPC		MSN	MBA	MFT	MSW	MD	PSYD	PHD		

Please indicate any special accommodations needed for disabilities governed by the Americans with Disabilities ACT (ADA):

_____

SUPERVISOR'S APPROVAL
I approve this employee's request to register for this training event and authorize the employee to attend:

_____/_____/_____
(Printed) *(Signature)* *(Date)*

Fax registration forms to 860-262-5841 at least 7 days prior to your training date. Confirmation **will not** be sent.
Mailing address: C.R.S.U. Russell Hall, PO Box 351, Middletown, CT 06457 Tel: 860-262-5879

Application for CME and CEC approval has been submitted.

Training packet is located on the PSRB web site @ www.dmhas.state.ct.us/psrb