

Department of Mental Health and Addiction Services

Advanced Behavioral Health

Recovery Assistant Training 2010

DATES:  January 6<sup>th</sup> & 8<sup>th</sup>  March 29<sup>th</sup> & 31<sup>st</sup>  May 26<sup>th</sup> & 29<sup>th</sup>  July 14<sup>th</sup> & 16<sup>th</sup>

**REGISTRATION**

Must be able to attend both days of Training to Register and provide Criminal Background checks prior to attendance.

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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Supervisors Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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**Background Checks**

Is the attendee's Connecticut Criminal Background Check attached Yes  No

**\*Please note that staff will not be admitted to the Training if ABH® has not received a current Criminal Background Check.**

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Send completed form to LaReese Cooper at:  
LCooper@abhct.com  
Fax: 860-638-5302

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