



Please complete and submit this form to:  
**ODMHSAS**  
**Attn: Kodi Pollard**  
 Sr. MHFA Prevention Field Representative  
 2000 N. Classen Blvd, Suite E-600  
 Oklahoma City, OK 73106  
 Email: [kapollard@odmhsas.org](mailto:kapollard@odmhsas.org)

## REQUEST FORM

### SECTION I. BUSINESS/AGENCY INFORMATION

Date: \_\_\_\_\_ Business/Agency Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**\* PLEASE CHECK :** *IF YOU ONLY NEED MANUALS* \_\_\_\_\_ *IF YOU ONLY NEED CEUs* \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please  that describes your establishment:

- School/School District     Organization/Business  
 Behavioral Health Agency  
 Other: \_\_\_\_\_

### SECTION II. TRAINING REQUEST INFORMATION

Type of training requested: Please  all that applies:

- One (1) Day YOUTH (Mental Health First Aid) \_\_\_\_\_  Open to Public  For staff only  
Request date(s)
- One (1) Day ADULT (Mental Health First Aid) \_\_\_\_\_  Open to Public  For staff only  
Request date(s)
- Two (2) Half-day trainings (4.00 hours each): This training will be a:  YOUTH  ADULT

*If you choose the (2) Half- Day trainings, please provide an additional info:*

Dates: \_\_\_\_\_ and \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_  
 Location: \_\_\_\_\_  Open to Public  For staff only

### SECTION III. RESOURCE INFORMATION

Will manuals need to be provided?  YES  NO How many? \_\_\_\_\_ *(cannot exceed 30 manuals)*

Address of location where training will be held: *(please provide the actual street address)*

Name of location \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Will Continuing Education Units (CEUs) need to be requested for this training?  YES  NO  
*(If YES, please allow up to 30 business days for request to be processed)*