## 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:**

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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) __________  
☐ One (1) Day ADULT (Mental Health First Aid) __________

☐ 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)

<table>
<thead>
<tr>
<th>Name of location</th>
<th>Address</th>
<th>City/State</th>
<th>Zip Code</th>
</tr>
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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)