



Location of Workshop		
Check one:	<input type="checkbox"/> \$63	<input type="checkbox"/> Other \$ _____

Continuing Education (CE) Enrollment and Registration Form

Please use ONE (1) CE Enrollment form per class attending. Same price applies for Attendance certificate.

Title of Class: _____ Date of Class: _____

Participant Enrollment Information

Name: _____

Address: _____

Email: _____

Agency employed or Volunteer: _____

Workshop Requirements:

Attendance: Students must arrive on time, stay for full workshop and sign in and out.

Participation: Students are expected to participate in class discussions

Paperwork: Verification and evaluation forms must be completed.

MHS, Inc. Is approved to provide the following Continuing Education Credits (CE) or Continuing Education Hours (CEH) to employees and community members attending trainings facilitated by MHS, Inc. and the Mead Academy.

- CA Board of Behavioral Sciences, Provider # PCE-2280
- CA Association for Alcohol and Drug Educators (CAADE) Provider # CP40-830-A-0311
- CA Association of Alcoholism and Drug Abuse Counselors (CAADAC) Provider # IS-01-478-1109
- CA Association of Recovery Resources (CAARR) Provider # 5046
- Breining Institute Registered Addiction Specialist (RAS) Provider # CEP0803031013-WRM-HS-CW

Payment is expected at the start of class. Once the class has started there are absolutely no refunds.

Refund Policy

Students that leave early will not get reimbursed. If payment was made prior to the class and needs to cancel, a written noticed must be submitted via email to wrmta@mhsinc.org and full reimbursement will be available.

Continuing Education Participant Enrollment Agreement

My signature below means that I understand the above information. In addition, I agree to the terms of enrollment and I understand that this agreement is legally binding. This agreement does not become operative until the class starts.

Student Signature

Date

Please Fax completed form to 858-430-9403 Attn: Alma Linares