

Send to **ATTN: FISCAL**

c/o Office of Workforce Development & Training
Behavioral Health Administration, Voc Rehab Building
55 Wade Avenue, Catonsville, MD 21228
Office: [410-402-8585](tel:410-402-8585)

FOR OWDT USE ONLY

SPRING 2015 COMMUTER APPLICATION

Name: _____ Social Security: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ e-mail: _____

Employer: _____ County: _____

Employer Phone: _____ Fax: _____

COURSE SELECTION: *Please check box(s) of all courses for which you are submitting payment.*

1 Day Course (\$70) <input type="checkbox"/> The Basics of DSM-5 June 26 Class is Full	2 Day Course (\$120) <input type="checkbox"/> Introduction to Addictions April 7 & 8	3 Day Course (\$160) <input type="checkbox"/> Issues & Ethics for the Helping Professional February 10, 11 & 12	3 Day Course (\$160) <input type="checkbox"/> Developing Clinical Supervision Skills March 10, 11 & 12 Class is Full
<div style="border: 1px solid black; width: 100%; height: 100%; transform: rotate(45deg);"></div>	<input type="checkbox"/> The Addicted Patient with Anxiety Disorder April 24 & May 1	<input type="checkbox"/> Treatment Planning May 19, 20 & 21	<input type="checkbox"/> The Family in Recovery June 3, 4 & 5 Class is Full

Total Amount Enclosed: \$ _____

ONLY CHECK, MONEY ORDER, AND R*STARS TRANSFER ACCEPTED

*This application **will not** be accepted without payment. Make checks and money orders payable to **BEHAVIORAL HEALTH ADMINISTRATION. DO NOT SEND CASH.***

Purchase orders are accepted from federal agencies only.

Agency: **MOO**
PCA: **M160S**
Revenue Object: **6657**
R*STARS Transaction Code: **410**
Index Code: **10900**

When processing the R*STARS transaction, indicate the student's name and course name in the description field.

Important: Show payment by supplying the transaction Cur Doc Number below, and fax to the Fiscal Department in order to complete the registration.

R*STARS Transfer for Maryland State Agency Use Only: CUR DOC # _____

FISCAL OFFICER _____ PHONE _____

FAX R*STARS TRANSACTIONS TO: FISCAL 410-402-8607

**Office of Workforce Development & Training
Course Refund/Credit Request Form**

FOR OWDT USE ONLY

All items must be completed in order to process the request:

Name:	Home Address:
Home Phone:	Work Phone:

Employer/Agency:

Employer/Agency Address:

Request is for (please check only one):

<input type="checkbox"/> REFUND Refund for payment made by Check or Money Order will be sent to the payee at the address provided on this form. Please allow 6 weeks for processing.	<input type="checkbox"/> CREDIT Credit for original paid amount will be issued and is good for 1 year from date of the first class. Credit will expire if not used within the year.
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Course Title:	Course Date(s):
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Amount Paid:

Payment Method:

Personal Check or Money Order Number:	Social Security Number:
Agency Check Number:	Federal ID (FEIN) Number:

MD State Agency--Paid by R*STARS Transfer:

Cur Doc Number:	Federal ID (FEIN) Number:
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Reason for Request:

Signature of Person Submitting Request:	Date:
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Return or Fax to:
Office of Workforce Development & Training, Behavioral Health Administration
Voc Rehab Building, 55 Wade Avenue, Catonsville MD 21228
Fax: [410-402-8604](tel:410-402-8604) Office: [410-402-8585](tel:410-402-8585)