

Send to **ATTN: FISCAL**
 Behavioral Health Administration
 Dix Building
 55 Wade Avenue
 Catonsville, MD 21228

FOR OWDT USE ONLY

FALL 2016 APPLICATION

Name: _____ Social Security: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ e-mail: _____

Employer: _____

Employer Phone: _____ Fax: _____

Course Selection: Please check box(s) of all courses for which you are submitting payment.

<p style="color: blue; font-weight: bold;">2 Day Course (\$120) CLASS IS FULL</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Co-Occurring Disorders in Integrated Care: Basic Competencies September 22 & 23, 2016</p>	<p style="color: blue; font-weight: bold;">1 Day Course (\$70) Class is Full</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Issues & Ethics for the Behavioral Health Professional October 28, 2016</p>	<p style="color: blue; font-weight: bold;">2 Day Course (\$120) Class is Full</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Motivational Interviewing (MI) December 14 & 15, 2016</p>
<p style="color: blue; font-weight: bold;">1 Day Course (\$70) Class is Full</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Strategic Prevention Planning October 19, 2016</p>	<p style="color: blue; font-weight: bold;">3 Day Course (\$160) Class is Full</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Developing Clinical Supervision Skills December 7, 8 & 9, 2016</p>	<p style="color: blue; font-weight: bold;">2 Day Course (\$120) Class is Full</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Compassion Fatigue January 18 & 19, 2017</p>

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: **BEHAVIOR 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: 410-402-8607