

Send to **ATTN: FISCAL**
 c/o Office of Workforce Development & Training
 Behavioral Health Administration, Voc Rehab Building
 55 Wade Avenue, Catonsville, MD 21228
 Office: 410-402-8575

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.*

<p>1 Day Course (\$70)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">The Basics of DSM-5</p> <p style="text-align: center;">October 16</p>	<p>3 Day Course (\$160)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Building Effective Teams</p> <p style="text-align: center;">September 22, 23, & 24</p>	<p>3 Day Course (\$160)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Introduction to Addictions</p> <p style="text-align: center;">October 6, 7, & 8</p>	<p>3 Day Course (\$160)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Treatment Planning</p> <p style="text-align: center;">November 18, 19, & 20</p>
<div style="border: 1px solid black; width: 100%; height: 100%; transform: rotate(45deg);"></div>		<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Issues & Ethics for the Helping Professional</p> <p style="text-align: center;">December 9, 10, & 11</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">Developing Clinical Supervision Skills</p> <p style="text-align: center;">January 20, 21, & 22</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 **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 410-402-8604