

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.*

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

**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"/> <b>REFUND</b> 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"/> <b>CREDIT</b> 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)**