

Alcohol and Drug Abuse Administration
 Office of Education and Training of Addiction Services (OETAS)
 55 Wade Avenue, Catonsville, MD, 21228
 (410) 402-8585 Fax: (410) 402-8604
 Website: <http://adaa.dhmh.maryland.gov/>

For OETAS use only

SUMMER 2013 COMMUTER APPLICATION

Please print all information clearly:

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Employer: _____ County: _____

Employer Phone: _____ Fax: _____

COURSE/WORKSHOP SELECTION: Please check box of all courses for which you are submitting payment. Confirmation(s) will be sent via e-mail.

1 Day Class (\$70)	3 Day Class (\$160)	3 Day Class (\$160)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injury September 20, 2013	The Addicted Patient with Depression July 24, 25 and 26, 2013	Understanding & Using Research to Inform Clinical Practice August 20, 21 and 22, 2013
2 Day Class (\$110)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Competence July 30 and 31, 2013	Strategizing Client Care through Treatment Planning August 13, 14 and 15, 2013	Issues & Ethics for the Helping Professional September 25, 26 and 27, 2013

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 **DHMH-OETAS**. DO NOT SEND CASH. Purchase orders are accepted from federal agencies only.*

Agency: **MOO**
 PCA: **K105S**
 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 return to OETAS 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: 410-402-8604

OETAS Refund/Credit Request Form

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:
_____	_____

Return or Fax to:
OETAS
55 Wade Ave.
Catonsville MD 21228
Fax #: 410-402-8604