

LEARNING CONTRACT

PLEASE PRINT

PLEASE COMPLETE ALL REQUESTED INFORMATION
TO ENSURE PROCESSING AND REGISTRATION

WORKSHOPS REQUESTED

LAST NAME FIRST NAME

BUSINESS / AGENCY ADDRESS

CITY STATE ZIP CODE

() ()
HOME PHONE BUSINESS PHONE

E-MAIL ADDRESS

Disabled (Check one) Gender (Check one)
 YES NO M F

HIGHEST DEGREE COMPLETED (CIRCLE one)
HS GED AA LPN RN BA/S MA/S MSW PH/MD

I WILL BE APPLYING FOR CEU'S WITH:

(SEE THE CERTIFICATION SECTION OF THE DSAMH TRAINING CATALOG FOR DETAILS)

CEAP DBN DCB DPA
 NAADAC NCC NCGC

AGENCY

Agency Code: Agency Name:

(see back of this form for list of agency codes)

POSITION: PLEASE CHECK THE ONE THAT BEST DESCRIBES YOU:

Administrator/Manager Physician
 Aide/Outreach Prevention Worker
 Case Manager/Counselor/Therapist Psychologist
 Chaplain/Ministry Social Worker
 Consultant Student
 Consumer Supervisor (clinical)
 Educator/Teacher/Instructor Support Staff
 Employee Assistant Personnel Volunteer
 Nurse Other

RACE / ETHNICITY: (CIRCLE ONE)

Alaskan Native Asian American African American Caucasian
Hispanic Native American Pacific Islander Other _____

1) _____
WORKSHOP NUMBER DATE

LOCATION

WORKSHOP TITLE

2) _____
WORKSHOP NUMBER DATE

LOCATION

WORKSHOP TITLE

3) _____
WORKSHOP NUMBER DATE

LOCATION

WORKSHOP TITLE

I understand that I should receive a confirmation of admission to a workshop before I attend. IF I AM NOT ABLE to attend a workshop, I will notify the Training Office at least 4 days in advance. I understand that all NO-SHOWS (someone who was admitted into a workshop, did not attend, and did not alert the Training Office) will be reported to my Program Director on a monthly basis.

APPLICANT SIGNATURE DATE

SUPERVISOR SIGNATURE (REQUIRED) DATE

SUPERVISOR FULL NAME (PRINT ONLY)

SUPERVISOR E-MAIL

**ALL REQUESTED SIGNATURES ARE REQUIRED FOR
PROCESSING AND REGISTRATION**

Mail or FAX the completed Learning Contract to:

DSAMH Training Office
Springer Building, 1901 N. Dupont Highway
New Castle, DE 19720
Fax: (302) 255-4450

HAVE QUESTIONS?

For further information, call (302) 255-9480
or e-mail us at DSAMH.training@state.de.us



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health