

**North Country Community Mental Health  
Training Registration Form**

*\*all information required\**

**Organization Name:**

**Contact Name:**

**Site Name:**

**Site Address:**

**City/State/Zip:**

**Contact Phone #:**

**Contact Email:**

**Return Completed Form to**

Email: [training@norcocmh.org](mailto:training@norcocmh.org)

Fax: **231-347-1241**

Mail: Provider Training

North Country CMH  
1420 Plaza Drive  
Petoskey, MI 49770

To view North Country Community Mental Health's Direct Service  
Provider Training online: <http://www.norcocmh.org/training.html>

Information only: 231-439-1424

<i>Employee Full Name</i>	<i>Date of Hire</i>	<i>Class Name</i>	<i>Date of Training</i>
John Doe	01/10/2019	CPR/1 <sup>st</sup> Aid	10/1/2019

**Michigan Mental Health Code 330.1755/Sec. 755 (5) (f) requires:** – All individuals employed by the community mental health services program, contract agency or licensed hospital receive training related to recipient rights protection before or within 30 days after being employed.

**NCCMH Providers Contract states:** - CPR, First Aid and Recipient Rights training to be completed before or within 30 days after being employed.