

North Country Community Mental Health Training Registration Form

all information required

Organization Name:

Return Completed Form to

Contact Name:

Email: training@norcocmh.org

Site Name:

Site Address:

Fax: **231-347-1241**

City/State/Zip:

Contact Phone #:

Mail: Provider Training

Contact Email:

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 st 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.