



## Registration Form

# Prospective Community Provider Orientation

**Location: Alabama State Capitol Auditorium**  
Rear Entrance on N. Union Street Montgomery, Alabama

*July 11, 2013*

Last Name:	First Name:	Middle:
Preferred Mailing Address:		
Telephone No:	Cell Phone or Emergency Number	
Email Address: (REQUIRED)		

### PLEASE INDICATE THE TYPE OF SERVICE YOU PLAN TO PROVIDE:

**SELECT ONLY ONE FROM THIS GROUP** (If your business will provide for more than one area, an additional representative from your business should register to gather information on the additional area of service.)

- Services for persons with **Mental Illness**
- Services for persons with **Substance Abuse** problems
- Services for persons with **Developmental Disabilities**

After the initial approval of the certification application and criminal background check, the Division of Developmental Disabilities requires a **non-refundable application fee of \$1,500.00**. You will be notified by a letter from the Office of Certification Administration to submit the fee at the appropriate time.

**\*Important Note:** Reservations for the Live Orientation Class are **LIMITED!** Spaces will be reserved for the first 200 registrants. You should check the ADMH website, [www.mh.alabama.gov](http://www.mh.alabama.gov), for availability of space **before sending registration documents**. Incomplete registrations or registration documents arriving after maximum capacity is reached **will be returned**.

**Registrations are not considered complete without the following:**

1. Completed **registration form** (using a *separate form for each person* to be registered for the orientation).
2. Online Orientation Course completion **certificate** for each person registering.
3. Required **\$75 registration fee**. Payment must be made by MONEY ORDER or CASHIER CHECK only, made payable to **Alabama Department of Mental Health**. **(PERSONAL CHECKS ARE NOT ACCEPTED.)**

\*Fees will *not* be accepted at the door.

\*Substitutions may be made on confirmed registrations **ONLY**. There will be **NO REFUNDS** issued for cancellations of confirmed registrations.

**Mail completed form, certificate, & fee to:**

Alabama Department of Mental Health  
**ATTN: Office of Staff Development**  
RSA Union Building, Suite 500  
100 N. Union Street  
Montgomery, AL 36130

**Contact Information:**

Office of Staff Development  
(334) 242-3177

Email: \*(Preferred)

[StaffDevelopment.DMH@mh.alabama.gov](mailto:StaffDevelopment.DMH@mh.alabama.gov)

**CERTIFICATION OF A PROGRAM DOES NOT OBLIGATE THE ADMH IN  
ANY WAY TO CONTRACT WITH THE ENTITY FOR THE PROVISION OF SERVICES**