

**The Department of Health and Human Services
Office of Adult Mental Health Services**

Professional Development Workshop Allocation Request Form

The Office of Adult Mental Health Services has set aside funds for professional development through the Cooperative Agreement with the Center for Learning. These funds may be used to cover the registration costs for workshops that are not otherwise offered through the Center for Learning or the Department. Only staff employed by OAMHS are eligible for these funds.

Apply early. Requests for prepayment of Professional Development Workshop fees must be submitted at least **THREE WEEKS IN ADVANCE** of the workshop to allow adequate time to process.

To apply for these funds, please submit the following:

1. Completed Workshop Allocation Request Form
2. Attach a copy of the appropriate training brochure
3. Attach the completed training registration form
4. Send to:

Scott Bernier
Professional Development Workshop Requests
The Center for Learning
45 Commerce Dr., Suite 11
Augusta, ME 04330

Fax (626-5022)

E-mail address: sbernier@usm.maine.edu

Application

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Employee Name(s): _____

Workshop Name: _____

Signature of Authorized Approver (OAMHS)

Date

For a list of who is authorized to sign this form, please see: http://www.cfl-muskie.org/workshop_allocations.htm