

**The Department of Health and Human Services
Office of Adult Mental Health Services
and Office of Children's Behavioral Health Services**

Professional Development Workshop Allocation Request Form

The Office of Adult Mental Health Services (OAMHS) and the Office of Children's Behavioral Health Services (CBHS) have 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 offered by outside entities and not otherwise available through the Department. Only staff employed by the offices named above 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)

Email: sbernier@usm.maine.edu

Application

Employee Name: _____

Workshop Name: _____

(Please Check One)	
Region I	
Region II	
Region III	
Juvenile Corrections	
Central Office	

(Please Check One)	
OAMHS	
CBHS	

Signature of Team Leader (For Regional Staff) or Supervisor (For CO Staff only) _____ Date _____

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