

**The Department of Health and Human Services
 Adult Mental Health, Adults with Cognitive and Physical Disabilities
 and Children's Behavioral Health Services**

Professional Development Workshop Allocation Request Form

Adult Mental Health Services, Adults with Cognitive and Physical Disabilities, and Children's Behavioral Health Services 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 are not otherwise offered through the Center for Learning or the Department. Only staff employed by these 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)

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

Application

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Employee Name: _____

Workshop Name: _____

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

(Please Check One)	
Mental Health	
Cognitive & Physical Disabilities	
Children's Behavioral Health	

Signature of Team Leader (For Region 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