

North Country Community Mental Health

Training Registration Form

Provider/Employer _____

Home _____

Address _____

City/Zip Code _____

Phone # _____

Email Address _____

Email to: mmacnaughton@norcocmh.org

Fax: 231-347-1241

Mail to: North Country CMH
Mary MacNaughton
1420 Plaza Drive
Petoskey, MI 49770
231-439-1244

To view North Country Community Mental Health's webpage/Direct Service Provider Training:
<http://www.norcocmh.org/training.html>

<i>Employee</i>	<i>Date of Hire</i>	<i>Training Requested</i>	<i>Date of Training</i>
John Doe	01/10/10	CPR/1 st Aid	07/07/07

Michigan Mental Health Code 330.1755/Sec. 755 (5) (f) states: – 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.