

**Community Counseling Centers of Chicago (C4)  
Mental Health First Aid 12-hour Training  
Registration Form**



**(Please type or print legibly)**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_  home  business  other

**Address:** \_\_\_\_\_  home  business  other

**Telephone:** \_\_\_\_\_  home  business  other

**e-mail:** \_\_\_\_\_ **(required)\*\*\***

Please indicate the date of the training you plan to attend:

Once your registration form has been received, you will be placed on our registration list for desired date. In the event that registration is full, notification will be sent to inform of placement for alternate date or our waiting list.

Confirmation of registration will be made via e-mail upon receipt of **completed** registration form. If confirmation is not received by one week prior to training, please contact Jessica Wheeler, Resource Developer, at [Jessica.Wheeler@c4chicago.org](mailto:Jessica.Wheeler@c4chicago.org).

**Please forward completed form(s) to Jessica Wheeler at [Jessica.Wheeler@c4chicago.org](mailto:Jessica.Wheeler@c4chicago.org) or fax to (773) 765-0814.**

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**Please check one:**

I am interested in obtaining:	Fees
<input type="checkbox"/> 12 Continuing Professional Development Units (CPDUs) for educators	(\$10.00)
<input type="checkbox"/> 12 Continuing Education Units (CEUs) for LCPC and LCSW as approved by the IDFPR	(\$10.00)
<input type="checkbox"/> 12 Contact Hours for nurses as approved by the Illinois Nurses Association	(\$10.00)
<input type="checkbox"/> 12 General Recertification Credit Hours for Professional in Human Resources (PHR), Senior Professional in Human Services (SPHR), and Global Professional in Human Services (GPHR) for	(\$10.00)
<input type="checkbox"/> 12-hour MHFA Certificate of Attendance	INCLUDED

**Payment Information:**

Check or Money Order (mail payment to: C4, 4740 N. Clark Street, Chicago, IL 60640. Attn: MHFA, Marta J. Gomez)

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature (if faxing) \_\_\_\_\_