

## North Country Community Mental Health Training Registration Form

*\*all information required\**

**Organization Name:**

**Contact Name:**

**Site Name:**

**Site Address:**

**City/State/Zip:**

**Contact Phone #:**

**Contact Email:**

**Date Completed:**

**Return Completed Form to**

Email (click to save & submit):

Fax:

Mail: Provider Training

North Country CMH

1420 Plaza Drive

Petoskey, MI 49770

*Information only: 231-439-1242*

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

<i>Employee Full Name/email Address</i>	<i>Date of Hire</i>	<i>Class Name</i>	<i>Date of Training</i>
John Doe / jdoe@email.com	01/10/2022	CPR/1 <sup>st</sup> Aid	10/1/2019

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