**Southeast Regional Mental Health Coordinating Office**

Training: Criminal Justice System Basics for Mental Health Professionals

Registration:

First name:                      Last name

email address:

confirm email address:

Agency:                                               County:

Agency address:

Role:

# of years in the Behavioral Health field:

Are you registering as an individual? [ ]  or as part of a team? [ ]

If registering as part of a team, number of team members who will participate:

Please indicate that you are able to participate via a desktop, laptop or tablet? [ ]  yes

We ask that participants plan to join with video and audio on, and use a desktop, laptop or tablet in order to have access to the PowerPoint and related activities.

* **Please confirm that you have the time, technology and environment required for participation. All participants are asked to insure they have internet access and interruption-free location.**
* internet access for the duration of the course (approx.2.5 hrs for Part II and 3 hrs for Part III)
* Interruption-free location that will allow you to be present and actively involved throughout the duration of the training
* Ability to complete the one-hour, self-paced course prior to the date of the instructor-led sessions
* I agree: [ ]

date:

**Please submit completed registration form to Mary Gregorio at** **CJ.MH2021@gmail.com**

**Thank you!**