

RSVP FOR TRAINING

To: Michelle Ashford, 370

From: _____
Name Contact number Mailbox #

Please fill out a separate RSVP form for each training if registering for more than 1.

Please place an X in the box next to the class you wish to attend:

- | | |
|-----------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> CPR (Adult) 2-Year Certification | <input type="checkbox"/> BPS Refresher |
| <input type="checkbox"/> First Aid 3-Year Certification | <input type="checkbox"/> Medication Administration Refresher |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Other _____ |

Please check the training calendars and then complete the following information for the training you selected:

Date: _____

Time: _____

Place: _____

SPECIAL NOTES:

- **BPS Training:** Please wear comfortable clothing (tee-shirts, jeans, tennis shoes, etc.) and no jewelry.
- **CPR Training:** Please wear comfortable, non-revealing clothing and no lipstick/balms.
- Please try to sign up for training that **does not interfere with supports you are regularly scheduled to provide**. If this is not possible, please make coverage arrangements with your supervisor prior to completing this form.
- If you RSVP for a training, this **does not guarantee** you are registered for the class until you receive confirmation.
- In the event of **inclement weather** or other possible emergencies that may result in the cancellation and/or change in time or location of scheduled classes, please call main number and listen to message posted.

**** Important: Please come to class on time. You will not be allowed into the class if you arrive late. ****

IF YOU ARE REGISTERING FOR MEDICATION TRAINING, YOU MUST COMPLETE THE FOLLOWING BEFORE YOU WILL BE REGISTERED FOR THE CLASS:

I understand and agree that, if I do not attend the medication class for which I have registered and have not made approved arrangements for cancellation through the Training Department, I will be responsible for reimbursing The Arc NCR for the cost of the training for which I have registered.

I understand that the current cost is **\$145.00** for the 20-hour MTTP course and **\$50.00** for the refresher course.

_____ X _____
Signature of registrant

___ You are confirmed to attend the training on the date and time indicated above.

___ The training you have selected is full. Please select another date and time.

Other Notes: _____