



Registration form for Program Training*

*This form can be used for all Alberta Programs (Happiness, Health Basics, Anxiety to Calm, Chronic Pain, Relationships in Motion and Journeying through Grief) both in person and on-line training.

Name of Organization: _____ Location: _____ Not for Profit: Yes No

Name of Manager who will administer the program _____

Phone #: _____ Email Address: _____

Manager is willing to participate in quarterly Alberta Happiness Basics, Alberta Health Basics, and Alberta Anxiety to Calm Program Sharing Community of Practice meetings. Yes No

Name of Evaluator for the program _____

Phone #: _____ Email Address: _____

Organization is willing to complete course evaluations and share evaluation data. Yes No

Provide the following information for all interested trainees:

Program Registering for	In Person	On Line	Name	Designations	E-mail address	Phone #	Facilitation Training Completed	CBT Training (Anxiety to Calm Only)

Email completed forms to programsharing@rdpcn.com