     

**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) for the 2-day virtual training sessions.*

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| **Name of Organization:** | **Location:** | **Not for Profit:** | **Yes** | **No** |

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| --- | --- |
| **Name of Manager who will administer the program** | |
| **Phone #:** | **Email Address:** |

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| **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** |

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| --- | --- |
| **Name of Evaluator for the program** |  |
| **Phone #:** | **Email Address:** |

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

Provide the following information for all interested trainees:

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| **Program Registering for** | **Purchase Manual and Journal**  **(Yes/ No)** | **Name** | **Designations** | **E-mail address** | **Phone #** | **Facilitation Training Completed (Yes/No)** | **CBT Training**  **(Anxiety to Calm Only)**  **(Yes/ No)** |
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**Email completed forms to** [**programsharing@rdpcn.com**](mailto:programsharing@rdpcn.com)