

PENNSYLVANIA

CERTIFICATION BOARD

APPLICATION TO TRAIN

Trainers are responsible for materials needed for the presentation, e.g., slides, transparencies, handouts or visual materials of any kind. All rooms will be set classroom or theater style. Trainers are paid a stipend of \$250. PCB will not underwrite travel expenses or lodging.

Trainings submitted must be either a single training 6 hours in length or two 3 hour related trainings. *Submissions of training series that start with more general treatment of a topic and, in subsequent related submissions, become more specific and advanced are encouraged for both the 3 and 6 hour lengths.*

All applications must be submitted with the following information: bibliography, resume or CV, two professional references with contact information, learning objectives, goal of the workshop (50 words) and a summary of the presentation (250 words).

Laptops and computers will not be supplied to trainers. All trainers are responsible for bringing their own. PCB will only provide projectors and audio/visual equipment as needed and requested.

To submit your application, choose one of the following:

- Email: dhaas@pacertboard.org
- Mail: 298 S. Progress Avenue, Harrisburg, PA 17109

Questions? Email Deborah Haas at dhaas@pacertboard.org or call 717.540.4455 ext 106.

Please keep a copy of this application for your records.

Name: _____ Certifications/Licenses/Degrees: _____

Position/Title: _____ Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Training Title: _____

Please select the location for your training. You may choose more than one.

- Harrisburg (Central PA)
- Eagleville Hospital in Eagleville (Southeastern PA)
- Mercy Behavioral Health in Pittsburgh (Western PA)

Please select the time of year for your training.

- I prefer to present my training in the fall
- I prefer to present my training in the spring
- I can present my training in either fall or spring.

Audio/Visual equipment requested: _____

I hereby certify that the information given herein is true and complete to the best of my knowledge. I understand that if I am selected to present I am responsible for paying all travel related expenses. I also understand that PCB may check my professional references.

Signature: _____ Date: _____