

# DVHC-OC

## CROSS-DISCIPLINARY TRAINING REQUEST FORM

\*PLEASE SUBMIT THIS FORM AT LEAST ONE MONTH PRIOR TO REQUESTED PRESENTATION DATE(S)  
 EMAIL TO [COMMUNITYEDUCATION@HUMANOPTIONS.ORG](mailto:COMMUNITYEDUCATION@HUMANOPTIONS.ORG)

Healthcare/Social Service Organization Name:	
Address (training location):	
Contact Person (day of event):	Contact Phone:
Contact Email:	

Requested date(s) of Presentation:	
Preferred time(s) of Presentation:	
Number of People in Audience:	
Audience Description (please check all that apply): <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <input type="checkbox"/> Medical Assistants <input type="checkbox"/> Social Workers <input type="checkbox"/> Other:	Medical specialties present in audience (please check all that apply): <input type="checkbox"/> Family Medicine <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pediatrics <input type="checkbox"/> Orthopedics <input type="checkbox"/> ER <input type="checkbox"/> N/A <input type="checkbox"/> Radiology <input type="checkbox"/> Other:
Driving Directions & Parking Information:	

Are continuing education units required? <input type="checkbox"/> Yes <input type="checkbox"/> CMEs <input type="checkbox"/> CEUs <input type="checkbox"/> No	Will a <b>projector</b> be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a <b>laptop</b> be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
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10 minutes will be needed before and after the training for evaluation purposes.  
 We recommend allotting a 2 hour time frame for the training,  
 however, the training can be modified to fit a shorter timeframe, if needed.

A small table will be needed for registration purposes. Thank you!

**For Office Use Only:**

\_\_\_\_\_  
 DV Representative Name

\_\_\_\_\_  
 MD Representative Name

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Contact Number

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Contact Number