



PATH Workshop Registration Form

Step 1

Instructions:

- Please email the completed form to: MichiganPath@gmail.com
- Questions? Contact Annemarie Hodges at hodgesa5@michigan.gov or 517-335-8402
- If the workshop is canceled or rescheduled, please notify us at MichiganPath@gmail.com

PATH Workshop
 Diabetes PATH Workshop
 Chronic Pain Workshop
 Tomando Workshop

Start date:	End date:	Workshop time:
Workshop Location Name: Address 1: Address 2: City: Zip:		County:
Location type: (Click here to choose type of location)		Please specify "other" location type:
Licensed Agency (REQUIRED): <small>Holds a license with Stanford University (may be the only agency listed if it is also the implementing agency).</small>		
Partner Agency (Not all workshops will have a Partner Agency): <small>Works directly under or with the Licensed Agency, coordinating and/or hosting workshops directly or in conjunction with other local agencies.</small>		
Leader 1:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteer	
Leader 2:	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteer	
Contact person (For public listings):		
Contact person's phone: () - ext	Contact person's email:	
Registration submitted by (For registration questions from MDCH):		
Registrant's phone: () - ext	Registrant's email:	
Language (If other than English):	Workshop fee: \$	
"Other" notes (Examples - Special population or location, dates not consecutive, etc.):	<input type="checkbox"/> CLOSED WORKSHOP <small>(Check here if this workshop should not be included in public listings)</small>	
Will there be a Session 0 (zero) for this workshop? <small>(Session "0" is an optional pre-workshop demonstration/information session.)</small>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
<small>(For CERTIFIED PEER SUPPORT SPECIALISTS)</small>		
<input type="checkbox"/> Check here if the workshop is primarily for participants with serious mental illness, <u>AND</u> will be led by at least one Certified Peer Support Specialist		

For MDCH use only

Processed by		Date		Course ID		Location ID		<input type="checkbox"/> Db	<input type="checkbox"/> Confirmation
--------------	--	------	--	-----------	--	-------------	--	-----------------------------	---------------------------------------