

NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER

Life changing care

Continuing Education Application

Name: _____

Choose one: LCSW LMSW LMHC Please Enter License Number: _____
If not applicable leave blank.

Company/Agency: _____

Address: _____

Telephone: _____ Email: _____

Course Name: _____ Course Date: _____

Course Fee: _____ # of CEUs: _____

Course Name: _____ Course Date: _____

Course Fee: _____ # of CEUs: _____

Course Name: _____ Course Date: _____

Course Fee: _____ # of CEUs: _____

Course Name: _____ Course Date: _____

Course Fee: _____ # of CEUs: _____

Payment Information: Check Number _____ Total Amount _____

Purchase Order Number _____ Total Amount _____

Payment Instructions:

Via check: mail this form and payment to:

Parsons Child and Family Center/SATRI
Attn: Sheila Frank
60 Academy Road
Albany, NY 12208

Purchase Order:

Fax this completed form purchase order to:

518. 426. 2850 Or

Email: sheila.frank@northernrivers.org

Online Credit Card payments:

Go to our webpage and choose the correct Link associated with the training.

<https://www.northernrivers.org/continuing-education>

To avoid any delays in processing your reservation, please make sure that **all areas are completed** and that payment arrangements have been made and indicated. You will be sent a confirmation email once payment is received.

