

CFR Training Registration Form

Online registration via surveymonkey is available. Go to the link at:

<http://www.oms.nysed.gov/rsu/Training/CFRTraining.html> by June 7, 2011.

If you are unable to register online, please complete AND mail OR fax this form to:

Maureen Farrar

CFR Unit

New York State Office of Mental Health

CBFM, 7th Floor

44 Holland Avenue

Albany, NY 12229

Phone #: (518) 473-3572

Fax #: (518) 473-8255

Date and Location	Session	Time	Select one (X)
Wednesday, June 15, 2011 OPWDD NYC Regional Office 75 Morton Street NY, NY 10014	Abbreviated CFR filers (OASAS, OMH and/or OPWDD)	9:30 a.m. to 12:30 p.m.	
Wednesday, June 15, 2011 OPWDD NYC Regional Office 75 Morton Street NY, NY 10014	Full CFR filers (OMH, OPWDD, OASAS and/or SED)	1:00 p.m. to 4:00 p.m.	
Thursday, June 16, 2011 OPWDD NYC Regional Office 75 Morton Street NY, NY 10014	Full CFR filers (OMH, OPWDD, OASAS and/or SED)	9:30 a.m. to 12:30 p.m.	
Thursday, June 16, 2011 OPWDD NYC Regional Office 75 Morton Street NY, NY 10014	Full CFR filers (OMH, OPWDD, OASAS and/or SED)	1:00 p.m. to 4:00 p.m.	

Agency Code: _____ **(Five Digit CFR Provider Code)**

Agency Name: _____ **(Please print)**

Name of Attendee: _____ **(Please print)**

E-mail address Attendee: _____ **(Please print)**

Phone #: () _____ **Fax #:** () _____

If it becomes necessary to change the date, time and/or location of the training session you selected, we will contact you at the number you have provided above. Also, if you are mailing the completed registration form, please be sure to keep a copy!