



TREATING FIRE SERVICE MEMBERS IN BEHAVIORAL HEALTH SETTINGS TRAINING REQUEST

Thank you for completing this request form. Once received, a staff member will contact you to confirm the details of your request and finalize details for the training contract. This form must be signed by the president of an IAFF affiliate. Email the completed form to behavioralhealth@iaff.org.

Entity requesting the training			
Entity name:		IAFF Local #:	
Designate a point of contact to be responsible for all logistics and coordination with the IAFF.			
First name:	Last name:	Title:	
Phone:	Email:	Org:	
Payment Information: The host organization fee for this training is \$5,000. This fee is non-refundable and due by check or money order 30 days prior to the scheduled event. (Please note an individual registration fee of \$325 will also be collected by the IAFF from individual students upon registration.)			
What entity (ex: Local, municipality) should be invoiced to pay for the training?			
Entity name:	Last name:	City:	
Address Line 1:		State/Province:	
Address Line 2:		Zip Code:	
Treating Fire Service Members in Behavioral Health Settings is held over two consecutive days. Weekend dates will be considered. Requested dates are not guaranteed until a contract is signed. Please indicate two or three date options that are at least approximately four months away from the date this form is submitted.			
Choose a training start time:			
8:00 a.m. - 4:30 p.m.	8:30 a.m. - 5:00 p.m.	9:00 a.m. - 5:30 p.m.	Other:
Day 1 of the training should take place in a classroom setting with capacity to seat 40 people. Day 2 of the training will take place at a fire ground training facility, equipped with a classroom capacity to seat 40 people and fire service & EMS apparatus to be defined in your training contract signed with the IAFF.			
DAY 1 (Classroom Setting)		City:	
Location name:		State/Province:	
Address Line 1:		Zip Code:	
Address Line 2:			
DAY 2 (Fireground Training Facility equipped with classroom):		City:	
Check here if Day 2 location is same as Day 1 location		State/Province:	
Location name:		Zip Code:	
Address Line 1:			
Address Line 2:			



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On both training days, the host training facility is required to have the following A/V setup: a computer with a minimum of two USB ports, LCD projector, and external speakers. (If the facility is unable to meet AV requirements, the IAFF will provide the AV set up for an additional fee.)

We will provide A/V equipment

We are requesting A/V equipment (\$500 fee)

To whom should class materials be shipped prior to the training?

Type of Address:

Name:

City:

Hotel

Residential

Email:

State/Province:

Municipal

Business

Street Address:

Zip Code:

IAFF Affiliate President Name (please print): _____

Signature: _____ Date: _____