

CALOCUS Training Attendee Information:

*****PLEASE PRINT*****

Please note: The following information will be posted on the internet at www.SoonerPro.com and will available for public review.

First Name: _____ **Last Name:** _____

Licensure: LBP LCSW LMFT LPC PhD

Date of Training: _____ **Trainer:** _____

Training type: Trainer Assessor

Physical Location for Assessments:

Street Address: _____

City: _____

County: _____

Zip Code: _____

Communities: _____

(If you do not have an office, please indicate where assessments will be conducted and what communities you are willing to provide assessment for)

Telephone number to be called for assessments:

Area code (_____) _____ - _____ Extension: _____

Email contact for assessments: _____

Hours/ Days available for assessments: _____

Is the assessment provided through an agency? Yes No

Are you willing to conduct the assessment in the member's home? Yes No

Are you available for crisis interventions? Yes No

If so, when: _____
