



**Beacon Health Options Colorado
Announces our
Peer Specialist Training**

TO: SUD Providers in Southern Colorado

Beacon Health Options thanks you for your interest in the Peer Specialist training.

- ❖ The training is being offered through Beacon Health Options for Peer Specialists in Southern Colorado.
 - *Please note this training is for Peer Specialists only and is not appropriate for clinicians or other professionals.*
- ❖ Minimum of 8 participants required to hold the training. We are limited to a Maximum of 20 participants.
- ❖ Registrants will be accepted on a first-come, first-serve basis.
- ❖ Returned Registration Form Deadline: Friday, March 18, 2016

Training Dates and Times

Monday and Tuesday, March 28 and 29, 2016 8:30 am to 4:30 pm

Please note: Registrants MUST attend both days.

Registration and Continental Breakfast on Monday: 8:30-9:00

Training: Monday 9:00- 4:30, lunch included; Tuesday 8:30 am to 4:30 pm, lunch included;

Training Cost

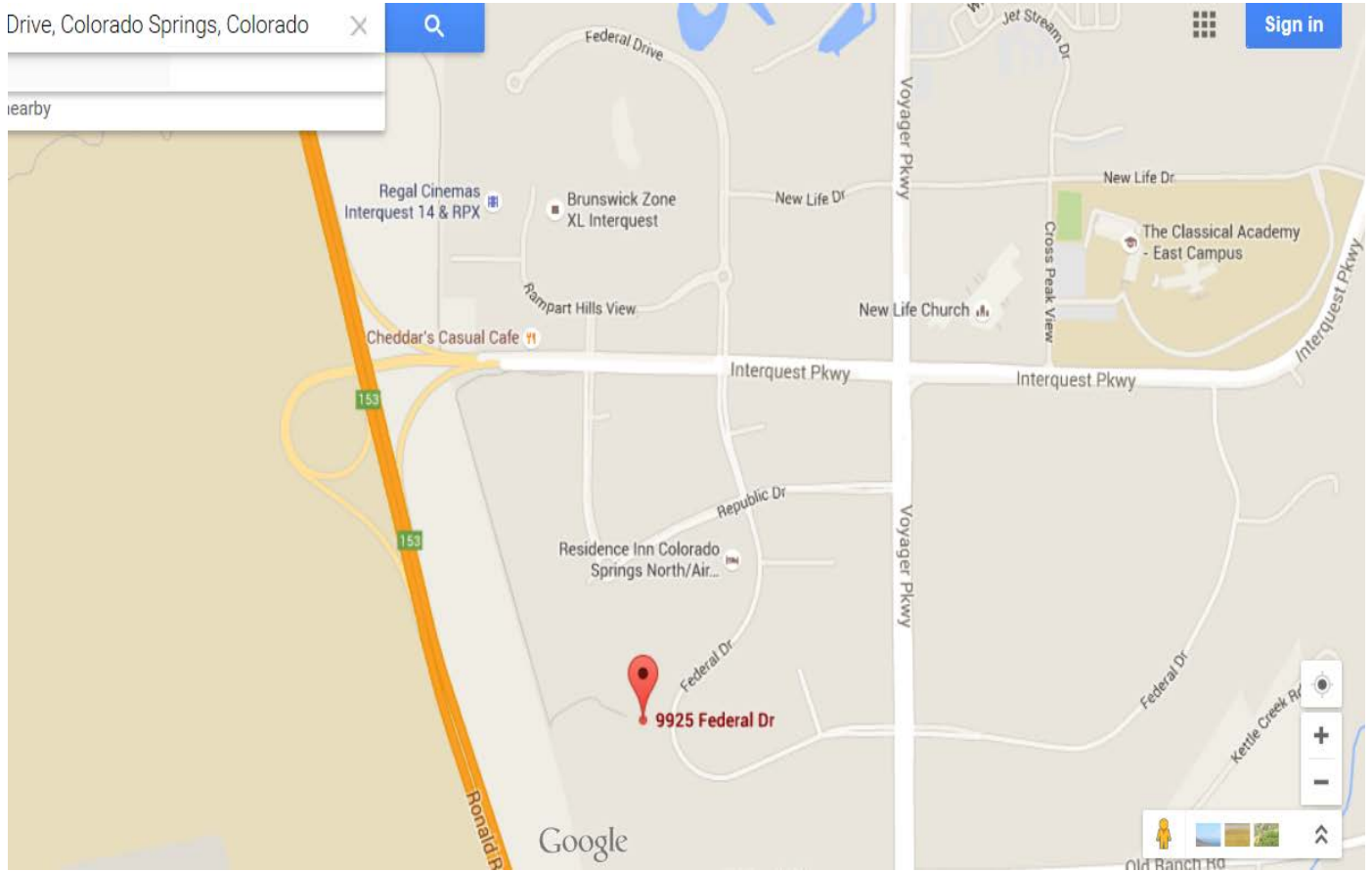
Free: Cost is free to in-network Peer Specialists in Southern Colorado

Travel/Lodging: Beacon Health Options will not be able to provide lodging or travel

Meeting Location

Beacon Health Service Center
9925 Federal Drive Suite 100
Colorado Springs, CO 80920
719-538-1430 or 1-800-804-5040

Take I-25 to exit 153, Interquest Parkway. Turn east on Interquest Parkway and drive 2 blocks to Federal Drive. Turn right (south) on Federal Drive, and go about 2 blocks to 9925 Federal Drive. Building is on the right (west). It is a one-story gray building. There is plenty of parking in the front.



Training Registration Form

Name: _____

Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Work Phone: _____ Fax Number: _____

Cell Phone: _____

E-Mail Address: _____

If you have dietary restrictions, what are they? _____

If you need an accommodation for a disability, what is it? _____

Liability

The Applicant agrees that Beacon Health Options (the "Certification Body"), in performance of its duties, consideration and review under this application does not assume or undertake to discharge any responsibility to any other party or parties. The Applicant acknowledges that the opinions and findings of the Certification Body represent its judgment given with due consideration to the necessary limitations of practical operation and in accordance with performance of its duties, and agrees that the Certification Body does not warrant or guarantee the correctness of its opinions or that its findings will be recognized or accepted by any third party. For these and other reasons, the Applicant agrees to hold the Certification Body harmless and to defend and indemnify the Certification Body against any loss, expense, liability or damage, including reasonable attorney's fees, arising out of any malpractice, tort, willful acts, negligence, or gross negligence by the Applicant; or misuse by the Applicant of the Certification Body certification; or arising out of any violation by the Applicant of the terms and conditions of this application.

Supervisor Name: _____

Supervisor Signature: _____
(required)

Return Deadline: Friday, March 18, 2016

Please send your registration form to:
Alyssa Rose at Alyssa.rose@beaconhealthoptions.com