Colorado Firefighter Heart, Cancer and Behavioral Health Benefits Trust
Behavioral Health Clinician Training Reimbursement Form

Section I – Behavioral Health Clinician & Company Information

Behavioral Health Clinician Name	Behavioral Health Clinician Job Title
Behavioral Health Clinician Email	Behavioral Health Clinician Phone Number
Company Name	Company Address
Please tell us about yourself and why you are applying for this grant.	

Section II – Clinic and Services Information

Where is your clinic located?	What is the size and extent of your clinic and/or practice?
What is your experience with emergency responders, if any?	
What is your experience with PTSD, if any?	
What treatments and services do you offer at your clinic and/or practice, including tele-health visits?	
What do you see as the primary behavioral health needs in your community?	
Are you willing to be a part of and list your services on an emergency responders organization's resource page?	

Section III – Training Program Information and Endorsement

Name of the Behavioral Health Clinician Training Program Attended	
Why did you receive this training?	
What did you think of this training?	
How will you use this training going forward?	
Date of Training	Cost of Training

Please attach the receipt and certificate of completion from the training program attended. This reimbursement form will be considered incomplete without these items.

Signature

Name (Please Print)

Date Signed

Please provide the name or organization the reimbursement check should be made out to, if different from the name above:

Your completed reimbursement form can be sent to the Trust Administrator at:

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