

**Approved by MBSACC for 60 Continuing Education Units**



## Center *for* Health Impact

### ***Virtual Recovery Coach Training Registration***

Name:
Agency Affiliation (if any)/Role:
Mailing Address
Email Address:
Phone number:

**Payment Information:**

Cost of tuition and manuals: **\$840**

Payment Method:  Credit Card  Check  Purchase Order

Credit card number:
Expiration: 3 digit code
Name on Card:
Associated address:
Signature: <span style="float: right;">Date:</span>

Checks may be mailed to:

Center for Health Impact 35 Harvard St. Suite 300, Worcester, MA 01609

**Registration forms may be faxed to 508-756-9825**

**Or emailed to [RecoveryCoach@centerforhealthimpact.org](mailto:RecoveryCoach@centerforhealthimpact.org)**