

## Training Registration Form

Meet the new and improved automated training registration process! Our hope is that this new tool will assist with quicker registrations, confirmations, and class updates sent directly to your email.

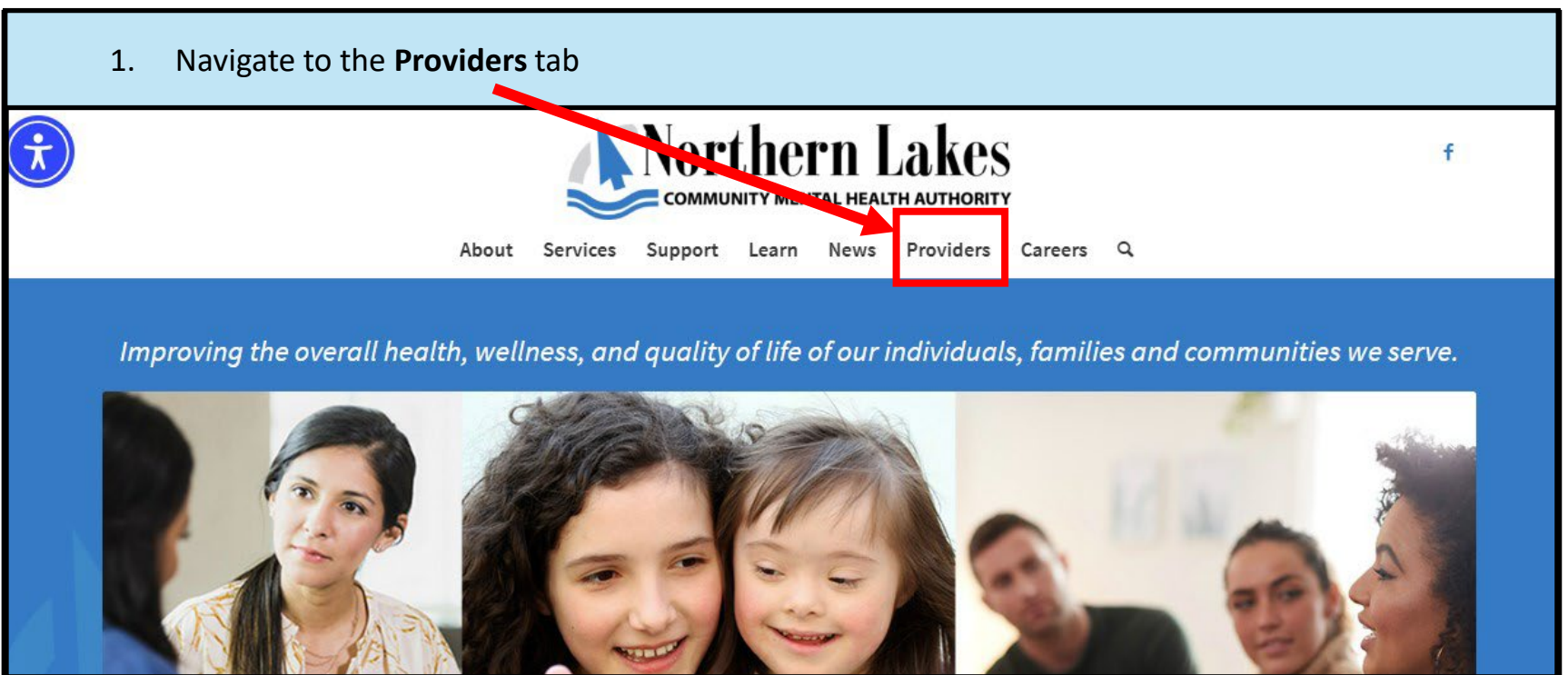
The new registration method can be used to enroll in the following training courses:

- Health and Wellness
- Medication Administration
- CPI Nonviolent Crisis Intervention Training
- CPR & First Aid
- Mental Health First Aid – Adult
- Mental Health First Aid – Youth
- Recipient Rights for Newly Hired Staff
- Recipient Rights for Direct Care Providers (DCP)
- Recipient Rights for Licensed Mental Health Professionals

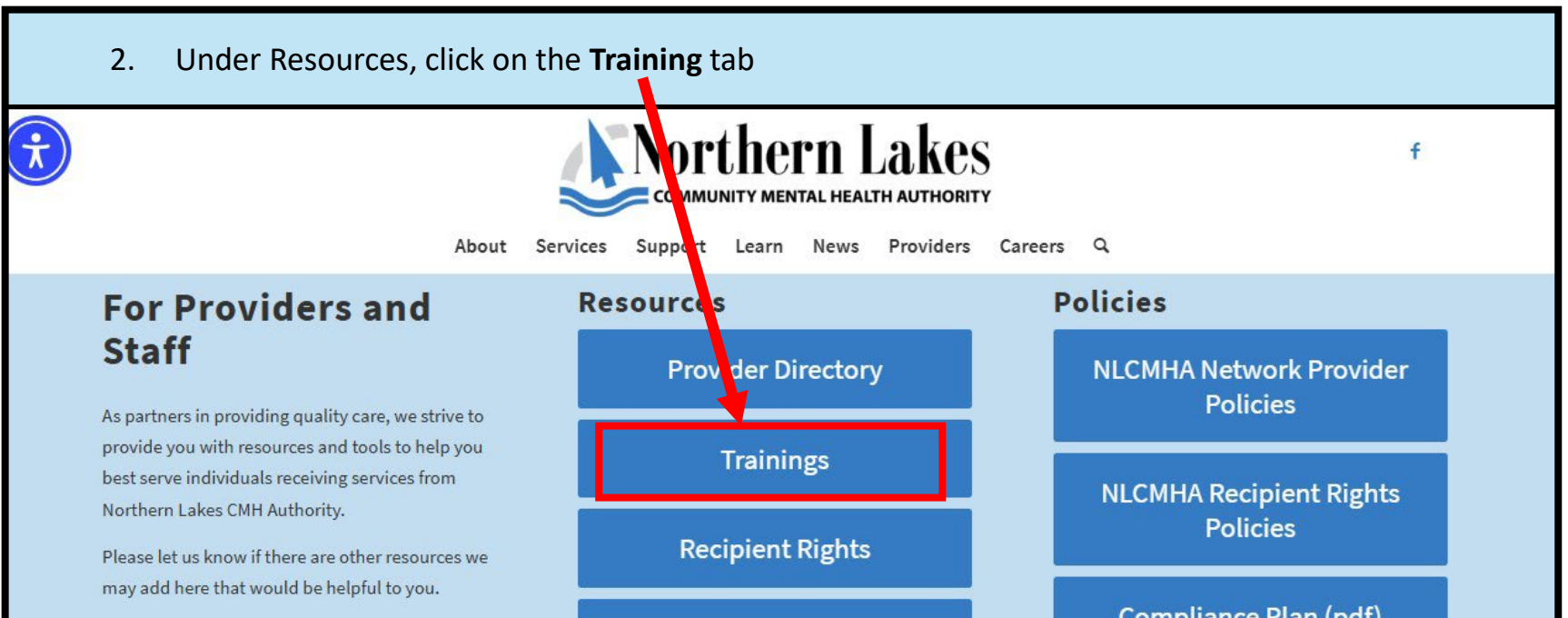
### FINDING THE NEW REGISTRATION

The **Training Registration Form** can be found on our website: <https://www.northernlakescmh.org/>

1. Navigate to the **Providers** tab



2. Under Resources, click on the **Training** tab



### 3. Here is where you will find the new **Training Registration Form!**



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## Provider Training

### Provider Training

There are a variety of resources listed below to complete required training, which include Read-Review-Test, In-Person Classroom Training, Website Training, and Self-Study. Please refer to your contract for specific training requirements.

Recipient Rights, Health & Wellness, and Medication Administration training will be in-person.

Northern Lakes CMHA reserves the right to make changes to the training schedule, location or to cancel class due to low enrollments.

### How to Register for In-Person Trainings through Northern Lakes CMHA

Welcome to the new and improved online registration process! Using the link below, you will be able to enter staff information, register for classes online, and receive automated confirmation/reminder emails.

This registration process is specific to the following trainings:

- Health & Wellness
- Medication Administration
- Recipient Rights for Newly Hired Staff
- Recipient Rights Annual Refresher for Direct Care Providers (DCP)
- Recipient Rights Annual Refresher for Licensed Health Care Professionals (LMHP)
- Mental Health First Aid — Adult
- Mental Health First Aid – Youth

[Training Registration Form](#)

### Inclement Weather Protocol for Scheduled In-Person training

Northern Lakes CMHA in-person Health & Wellness and Medication Administration classroom trainings will be canceled when the Public Schools in the training location are canceled. You are responsible to reschedule for another training date.

### Helpful Docs

[Training Resource Tool for Providers](#)

### Questions

If you have any questions about NLCMHA trainings, or [Mental Health First Aid](#), contact the NLCMHA Training Department at [training@nlcmh.org](mailto:training@nlcmh.org).

If you have any questions about Recipient Rights training requirements or if you would like to schedule a specialized training, please contact the NLCMHA Office of Recipient Rights at [231-935-3873](tel:231-935-3873).

# REGISTRATION PROCESS

## SECTION 1: Student Information

Complete the registration form. Most fields are required

### Training Registration Form

\* Required

#### Student Information

1. My Name \*

First Name Last Name of Student

Please enter at most 255 characters

2. Maiden Name

Please enter at most 255 characters

3. Date of Birth \*

Please input date (M/d/yyyy)

4. Email Address \*

Please enter the **student's** valid email address and **double check for accuracy** to ensure receipt of confirmation emails.

Please enter an email

5. Phone Number \*

Format: 123-456-7890

Please enter at most 12 characters

6. Student Type \*

Employee of NLCMHA or NLCMHA Contracted Provider

General Public

**NOTE:** If you are registering Direct Care Staff for training at NLCMHA, you are most likely a contracted provider

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## SECTION 2: Employment Information

### Training Registration Form

\* Required

#### Employment Information

7. Hire Date \*

Please enter student's **most recent** hire date.

Please input date (M/d/yyyy)

8. Job Title \*

Please enter at most 255 characters

9. Provider Name \*

Please enter complete provider name.

Enter your answer

10. Provider Type \*

Specialized Residential Services/SRS

The **PROVIDER TYPE** dropdown will give you these options to select from:

AFC Home  
Autism/ABA  
Community Living Supports/CLS  
Community Member  
Crisis Residential Unit/CRU  
Day Program  
Drop-In Center  
Fiscal Intermediary  
Inpatient Hospital  
Northern Lakes CMH Authority  
Professional Group  
Respite  
Specialized Residential Services/SRS  
Other

If you are unsure as to your employer's **PROVIDER TYPE** please check with your supervisor

11. Supervisor Email \*

Please enter a valid email address and **double check for accuracy** to ensure receipt of emails. Supervisor will receive copies of confirmation emails, staff training transcripts, and certificates (if applicable).

Please enter an email

12. Employee Type \*

- Employee of NLCMHA (Includes 4 NLCMHA Office Locations & All NLCMHA Board Operated Homes)
- Employee of NLCMHA Contracted Provider
- General Public

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# SECTION 3: Class Registration, Page 1

## Training Registration Form

\* Required

### Class Registration - Employee of NLCMHA Contracted Providers

13. Health & Wellness \*

9:30 a.m. - 2:00 p.m.

Not required

**NOTE:** Any listed trainings that you do not want to register for **must** be marked as "Not required"

14. Medication Administration \*

9:30 a.m. - 4:00 p.m.

03/25/2025-Medication Administration-9:...

14. Medication Administration \*

9:30 a.m. - 4:00 p.m.

03/25/2025-Medication Administration-9:...

Not required

15. ✓ 9:30 AM-4:00 PM-Northern Lakes CMH Authority\_Traverse City Office

16. 04/15/2025-Medication Administration-9:30 AM-4:00 PM-Northern Lakes CMH Authority\_Cadillac Office

17. 05/22/2025-Medication Administration-9:30 AM-4:00 PM-Northern Lakes CMH Authority\_Traverse City Office

15. Recipient Rights for All Newly Hired Staff \*

9:00 a.m. - 12:00 p.m.

03/19/2025-Recipient Rights for All Newly...

16. Recipient Rights Annual Refresher for Direct Care Providers (DCP) \*

10:00 a.m. - 12:00 p.m.

Not required

**DROPDOWN:** When selecting a class please note that class **location** is listed for each entry

17. Recipient Rights Annual Refresher for Licensed Mental Health Professionals (LMHP) \*

Select your answer

**NOTE:** If the class date/time you are looking for does not show up in the drop-down menu it means that the class is full

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## SECTION 3: Class Registration, Page 2

**Training Registration Form**

\* Required

### Class Registration - Mental Health First Aid

20. Mental Health First Aid - Adult \*

8:00 a.m. - 5:00 p.m.

**General Public & NLCMHA Contracted Employees** - Please send check to: Northern Lakes CMH Authority, Attn: Mental Health First Aid, 105 Hall Street, Suite A, Traverse City, MI 49684.

**NLCMHA Employees** - No SDR or payment is required.

Select your answer

21. Mental Health First Aid - Youth \*

8:00 a.m. - 5:00 p.m.

**General Public & NLCMHA Contracted Employees** - Please send check to: Northern Lakes CMH Authority, Attn: Mental Health First Aid, 105 Hall Street, Suite A, Traverse City, MI 49684.

**NLCMHA Employees** - No SDR or payment is required.

Select your answer

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Never give out your password. [Report abuse](#)

**CONGRATULATIONS!**  
You have just completed your class registration and should receive a confirmation email shortly!

We hope this how-to guide has been helpful. If you have any questions or need assistance, please don't hesitate to contact the NLCMHA training department at: [training@nlcmh.org](mailto:training@nlcmh.org)

You can also reach us by phone at: (231) 935-3989