

The Behavioral Health Training and Education Network  
**Duplicate Certificate/Transcript Request Form**

**Please check the box of your choice:**

Certificate: No. of copies \_\_\_\_\_

Transcript: No. of copies \_\_\_\_\_

**Payment & request form must be submitted together; request cannot be completed by fax or by phone.**

Certificate or Transcript fee: \$10.00 per copy

**Make checks or money orders payable to:  
The Consumer Satisfaction Team**

**Mail agency check/money order (No cash or personal checks) with request form to:**

**The Behavioral Health Training and Education Network, C/o Data Analyst  
520 North Delaware Avenue, Suite 7C, Philadelphia, PA 19123**

**Please type the information or PRINT clearly.**

\_\_\_\_\_  
AGENCY NAME

\_\_\_\_\_  
CONTACT PERSON AND POSITION

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
PHONE NUMBER

**For each trainee, please supply the information as indicated**

Trainee #1: Name \_\_\_\_\_ For Transcript, date range: from \_\_\_\_\_ to \_\_\_\_\_

Training title, Training date, ceu type \_\_\_\_\_  
\_\_\_\_\_

Training title, Training date, ceu type \_\_\_\_\_  
\_\_\_\_\_

Trainee #2: Name \_\_\_\_\_ For Transcript, date range: from \_\_\_\_\_ to \_\_\_\_\_

Training title, Training date, ceu type \_\_\_\_\_  
\_\_\_\_\_

Training title, Training date, ceu type \_\_\_\_\_  
\_\_\_\_\_

Note: BHTEN offers APA, SW, PCB Approved (CAC, etc.) and CEU credits types; please be specific as to which credit type is to be listed on the certificate or transcript.