

The Behavioral Health Training and Education Network (BHTEN)
Request Form for Certificates/Transcripts and/or Evaluation Completion

REQUEST DATE mo/day/yr-- _____

Please check the appropriate box(es):

- Certificate: No. of copies _____ Transcript: No. of copies _____ Evaluation Completion
 No Charge if a BHTEN Error (When corroborated by BHTEN)

DUE TO THE PANDEMIC NO CHECKS WILL BE ACCPETED AT THIS TIME

**Certificate(s)/Transcript or Evaluation Completion
fee: \$10.00 per copy/evaluation completed**

PLEASE MAKE PAYMENT [HERE](#)

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

Please make checks payable to: The Consumer Satisfaction Team

Please type all the information or PRINT clearly.

***CHECK WHICH METHOD BELOW YOU PREFER FOR HAVING YOUR CERTIFICATE OR TRANSCRIPT SENT TO YOU**

AGENCY/PROGRAM NAME

PRINT NAME OF PERSON MAKING REQUEST

*MAILING ADDRESS (include city, state and zip code)

PHONE NUMBER

*E-MAIL ADDRESS _____

TRANSCRIPT REQUEST → \$10 per transcript

Your Name at the time (if different than above) _____

Date Range: FROM mo/day/yr _____ TO mo/day/yr _____ Credit Type(s) Requested: _____

Total Number of Transcripts Requested _____ x \$10 each = \$_____ enclosed

CEU CERTIFICATE/EVALUATION REQUEST → \$10 per certificate/evaluation

Duplicate Certificate Additional CEU Certificate Type(s) Evaluation Completion

Your Name at time of training (if different than above) _____

Training title _____

Training date - mo/day/yr _____ CEU Type(s) Requested _____

Total Number of Certificates/Evaluations Requested _____ x \$10 each = \$_____ enclosed

Note: **BHTEN offers APA; SW (LPC, etc.); CPRP; PCB Approved (CAC, etc.); and IACET CEU credits types; please specify which credit type is to be listed on the certificate/transcript and/or evaluation.**