

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/personal check or money order (NO CASH) 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

MAILING ADDRESS

REQUESTING LEARNER'S SIGNATURE(S)

PHONE NUMBER

For each learner, please supply the information as indicated

Learner's Name _____ For Transcript, date range: from _____ to _____

Training title, Training date, ceu type _____

Training title, Training date, ceu type _____

Learner's 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.