



REGISTRATION FORM

Crisis Intervention Team (CIT) Academy

Year-End CIT Refresher Training

November 9, 2023

9:00 a.m. to 3:00 p.m.

Training Location:

Hinds Behavioral Health Services 3450 Hwy 80 West,
Jackson, MS 39209
Large Conference Room

Register early. Class size is limited.

Participants will be registered only after the **completed** registration form is received. A wait-list will be created for registrations received after class is full. Participants will be notified as to the status of their registration via email (registered for class or added to the wait-list). Please **PRINT** an **ACTIVE e-mail** address below as this is where correspondence regarding your registration will be sent.

To register, forward this completed form to Dr. Tiffany C. Anderson at:

Email: tanderson@hbhs9.com

OR

US Mail: **Hinds Behavioral Health Services**

Fax: 601-321-2476

Att: CIT Academy Program Coordinator

Phone: 601-321-2456

3450 Hwy 80 West

Questions: Dr. Tiffany C. Anderson

Jackson, MS 39209

Cancellation Policy:

Please cancel no later than 10 days prior to class start date. Dietary restrictions? YES/NO (Circle one)

Please print clearly. Complete separate registration form for each participant.

Participant Name: _____

Title: _____ Badge #: _____

Phone: _____ Email: _____

Yes, I am a certified CIT officer having gone through the 40 hour CIT training _____

Date and location of certification: _____

No, I am a not certified CIT officer and I have NOT been through the 40 hour CIT training _____

Agency/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Administrative Use Only

Registration form received: _____ / _____ / _____

Added to: Roster -or- Wait List (Circle one)