DVHC-OC
CROSS-DISCIPLINARY TRAINING REQUEST FORM

*PLEASE SUBMIT THIS FORM *AT LEAST ONE MONTH PRIOR* TO REQUESTED PRESENTATION DATE(S)
EMAIL TO: communityeducation@humanoptions.org , gyoung@laurashouse.org , mlee@wtlc.org

Healthcare/Social Service Organization Name:	
Address (training location):	
Contact Person (day of event):	Contact Phone:
Contact Email:	

Requested date(s) of Presentation:	
Preferred time(s) of Presentation:	
Number of People in Audience:	

Audience Description (please check all that apply):	Medical specialties present in audience (please check all that apply):
☐ Physicians ☐ Nurses ☐ Medical Assistants ☐ Social Workers ☐ Other:	☐ N/A ☐ Family Medicine ☐ Radiology ☐ OB/GYN ☐ Other: ☐ Pediatrics ☐ Orthopedics ☐ ER

Driving Directions & Parking Information:

Are continuing education units required?	Will a **projector** be provided?	Will a **laptop** be provided?
☐ Yes ☐ CMEs ☐ CEUs ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

10 minutes will be needed before and after the training for evaluation purposes.
We recommend allotting a 2 hour time frame for the training,
however, the training can be modified to fit a shorter timeframe, if needed.

A small table will be needed for registration purposes. Thank you!

For Office Use Only:

_____   _____
DV Representative Name   MD Representative Name

_____ _____   _____ _____
Email Address   Contact Number   Email Address   Contact Number

DOMESTIC VIOLENCE & HEALTH COLLECTIVE
ORANGE COUNTY

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