



Training Request Form

Preferred Date(s) Requested _____

Time of Day Requested _____
(QPR Trainings are two hours in length)

Name of Individual Requesting Training _____

E-Mail _____ Phone _____

Organization Name _____

Address _____

City _____ State _____ Zip _____

Anticipated Number of Attendees: _____
(minimum of five required)

Comments _____

NOTE: Training location must have a table large enough for Instructors to place their laptop and projector, as well as a screen or wall to project slides on (tables and chairs are ideal seating). Southwest Behavioral Health Center facilities may be reserved for QPR trainings for outside entities/organizations based on availability.

Please e-mail this form to: Terryll Parrish at (tparrish@sbhcutah.org).

Questions?

If you have any questions please call Terryll Parrish at 435-634-5636.



<i>For Organizational Use Only</i>	
QPR Training Date _____	Location _____
QPR Instructor(s) _____	
Anticipated Number of Attendees _____	