

**Rutgers the State University of New Jersey  
 COPSA Institute for Alzheimer's disease and Related Disorders  
 Rutgers University Behavioral Health Care  
 Training, Education & Consultation Request Form**

COPSA offers a variety of comprehensive and quality trainings, education and consultation services to meet the needs of professionals and caregivers working with aging adults. Minimum class sizes (12 or more) are required to schedule trainings and education services. Requests are granted based on the availability of COPSA trainers and site professional development needs.

**Training, Education & Consultation Request Form must be submitted thirty (30) business days before the anticipated event date. Event must be made available to the public unless otherwise determined with COPSA. Please email form to [copsa-training@ubhc.rutgers.edu](mailto:copsa-training@ubhc.rutgers.edu)**

Requesting Agency Name: \_\_\_\_\_

Agency mailing information: \_\_\_\_\_  
 (Street address, state and zip code)

Name of Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ (Email address) \_\_\_\_\_ (Phone number) \_\_\_\_\_ (Fax)

**Agency make-up:**

- Please check all that apply:
- Senior Center
  - Nursing Home Facility
  - Non-Profit Organization
  - NJ State Departments
  - County Department
  - Other

**Audience make-up:**

- \_\_\_\_ # Older Adults in Care
- \_\_\_\_ # Professionals/Staff
- \_\_\_\_ # Caregivers
- \_\_\_\_ TOTAL Number

Event Type (check all that apply): Training \_\_\_\_ Education \_\_\_\_ Consultation \_\_\_\_

Target date for start of event \_\_\_\_/\_\_\_\_/\_\_\_\_ Target date for event completion \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of request and/or topic: (for example: Alzheimer's disease, 2-hour training, consultation with seniors)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What previous supports has this group received in this area?

\_\_\_\_\_  
 \_\_\_\_\_

Describe intended department/staff/group

Directors  
 Case Managers  
 Clinical Staff  
 Social Workers  
 Seniors  
 Others  
 \_\_\_\_\_  
 \_\_\_\_\_

Request Type

One-day Training/Education  
 Senior Support Group  
 Conference  
 \_\_\_\_\_ number of sessions  
 Symposium  
 Keynote Speaker  
 More than one-day  
 \_\_\_\_\_ number of days

What is the expected number of participants? \_\_\_\_\_

What is the best time for this group to attend event? \_\_\_\_\_  
Days Hours

Will this agency provide audio/visual equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Is translation needed? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what language? \_\_\_\_\_

Training location: (Location name, complete street address)

\_\_\_\_\_

\_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**



**For COPSA Personnel ONLY**

This program has been approved \_\_\_\_\_ not approved \_\_\_\_\_ for the following training:

\_\_\_\_\_ Training Date: \_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_

COPSA administrator \_\_\_\_\_

*Signature*

*Date*