

# eCPR Training/Certification Application

To be held at 2010 Kentucky Consumer Conference - April 11, 12, & 13, 2010  
1903 Embassy Square Blvd. Louisville, KY 40229

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ | State: \_\_\_\_\_ | Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ | Alt. Phone: \_\_\_\_\_

Organization/CMHC (if applicable): \_\_\_\_\_

County: \_\_\_\_\_  Male  Female

Cost: Double Occupancy Room:  KYCAN Member (\$50.00)  Non-member (\$55.00)

Single Occupancy Room:  KYCAN Member (\$100.00)  Non-member (\$110.00)

Would you like to join KYCAN? (Your answer does not affect eligibility)

\_\_\_\_\_

Why would you like to be considered for this certification? \_\_\_\_\_

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What do you think makes you a better-qualified candidate than someone else? \_\_\_\_\_

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How would you utilize your new certification? \_\_\_\_\_

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How do you think this training/certification will help you? \_\_\_\_\_

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\_\_\_\_\_

How do you think this training/certification will help you to help others? \_\_\_\_\_

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In the space given, please describe work, volunteer work, or a personal situation that indicates you would be a good Emotional CPR “counselor”. \_\_\_\_\_

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Is there anything else you would like us to consider when selecting our eCPR trainees? \_\_\_\_\_

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**\*\* Limited Seats Available for eCPR Training/Certification** - If chosen, you will be notified by a KYCAN acceptance letter. If you apply and are not accepted, you may still register for the Conference.

**\*\* Please Note:** Participation in the eCPR training class **ONLY** allows for the student to attend Conference meals and the dance on Monday night.

**\*\* To apply:** Complete and send application form to the address below, or fax it to us.

Any Questions? For more details please contact our office:  
Kentucky Consumer Advocate Network for Mental Wellness Inc.  
10510 LaGrange Rd.  
Building #103  
Louisville, KY 40223  
(502) 245-5281 (phone)  
(502) 245-6390 (fax)  
E-mail: kentuckycan@yahoo.com