CornerHouse
Advanced Forensic Interview Training
2012 Registration Form

Name:		
Title:		
Agency:		
County:		
Street Address:		
City:	State:	Zip:
Phone #:	Email (please print clearly):	

TRAINING DATES:

- ☐ March 6-9, 2012
- ☐ July 31-August 3, 2012
- ☐ December 4-7, 2012

COURSE FEE $850
Please check payment option:
___ Check or purchase order enclosed
___ Credit Card (CornerHouse will contact for credit card information)
___ Minnesota Department of Human Services Grant (Attach grant award letter)

TRAINING PRE-REQUISITES:
☐ Completed 5 Day Training at CornerHouse Date: _____
☐ Completed CornerHouse 3 Day On-Site Training Date: _____
☐ Completed 5 Day Training at First Witness Date: _____
☐ Completed 5 Day Finding Words Training Date: _____
☐ Completion of a minimum of fifteen interviews using the CornerHouse RATAC® protocol (waived for prosecutors)
 # OF INTERVIEWS COMPLETED: _____
☐ Obtained permission to share a video recorded interview for peer review Date:_____

CORNERHOUSE TRAINEE COMMITMENT STATEMENT *(Please initial next to each statement)*

As a training participant I commit to the following:

____ **To attend and be on time for all course sessions.** I understand that if I miss any portion of a course session I will not receive a certificate of completion for the course.

____ **To abide by the following cancellation policy:** Participants and/or host agencies must notify CornerHouse verbally and in writing 120 days prior to the training date of any cancellation. When these requirements are met, the entire training fee, less a $25.00 administrative fee will be refunded. If CornerHouse is notified less than 120 days but more than 60 days prior to the training, 50% of the training fee will be refunded. If CornerHouse is notified within 60 days of the training, no refund will be given.

____ **To turn off my cell phone** during all lectures.

For Minnesota DHS scholarship recipients only:

____ **To ensure the responsible use of any grant funds** awarded to me, I understand that if I do not attend all course sessions, and pass the course exam, my agency will be asked to pay my tuition and my grant award will be reallocated to another eligible professional.

Trainee Signature: _____ Date:_____

Supervisor Signature: _____ Date: _____

Return completed registration form and payment to:
Sandy Heitkamp • CornerHouse
2502 10th Avenue South • Minneapolis, MN 55404
Phone: 612-813-8310 • Fax: 612-813-8330 • sandra.heitkamp@childrensmn.org

Updated: 11.09.11