



GROUP & INDIVIDUAL CRISIS INTERVENTION (GRIN)
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH RESPONSE & LICENSURE SECTION
 June 20, 21, & 22, 2024

Name										
Street Address										
City	State	ZIP Code	NDCISM Region	County						
Email Address			Telephone Number							
<p>I will be attending this training as a:</p> <div style="display: flex; justify-content: space-between; margin-left: 100px;"> <div style="width: 30%;"></div> <div style="width: 35%;">Mental health professional (Clergy, Social worker, Licensed counselor/therapist, etc.)</div> <div style="width: 35%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-left: 100px; margin-top: 10px;"> <div style="width: 30%;"></div> <div style="width: 35%;">Peer professional (EMS, Fire, LE, Dispatch, Nurse, etc.)</div> <div style="width: 35%;"></div> </div>										
<p style="margin-left: 40px;">I am currently a member of the NDCISM team.</p> <p style="margin-left: 40px;">I am a former member of the NDCISM team.</p> <p style="margin-left: 40px;">I am not/have never been a member of the NDCISM team.</p> <p style="margin-left: 40px;">I am interested, please send me an application for the NDCISM team.</p>										
<p>I will be needing hotel accommodations for:</p> <table style="margin-left: 100px; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%;">Wednesday Night</td> <td style="width: 30%;">Thursday Night</td> </tr> <tr> <td></td> <td>Friday Night</td> <td>Saturday Night</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">*Please note – attendee is responsible for making all hotel accommodations, this is for a count for billing purposes only.</p>						Wednesday Night	Thursday Night		Friday Night	Saturday Night
	Wednesday Night	Thursday Night								
	Friday Night	Saturday Night								

This form may be completed and mailed to:
 North Dakota Department of Health and Human Services
 Emergency Preparedness and Response Unit
 1720 Burlington Dr – Suite A
 Bismarck ND 58504-7736

You may also submit the completed form via email to dems@nd.gov or via fax at 701-328-0357.

Our website is: www.hhs.nd.gov.

For questions, please call our office at 701-328-2270 or e-mail us at dems@nd.gov.