



GROUP & INDIVIDUAL CRISIS INTERVENTION (GRIN)
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HEALTH RESPONSE & LICENSURE SECTION
 March 9, 10, & 11, 2023

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-around;"> <div style="text-align: center;"> <p>Mental health professional (Clergy, Social worker, Licensed counselor/therapist, etc.)</p> <p>Peer professional (EMS, Fire, LE, Dispatch, Nurse, etc.)</p> </div> </div>										
<p>I am currently a member of the NDCISM team.</p> <p>I am a former member of the NDCISM team.</p> <p>I am not/have never been a member of the NDCISM team.</p> <p>I am interested, please send me an application for the NDCISM team.</p>										
<p>I will be needing hotel accommodations for:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Wednesday Night</td> <td style="width: 33%; text-align: center;">Thursday Night</td> </tr> <tr> <td></td> <td style="text-align: center;">Friday Night</td> <td style="text-align: center;">Saturday Night</td> </tr> </table> <p><small>*Please note – attendee is responsible for making all hotel accommodations, this is for a count for billing purposes only.</small></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 701-328-2388 or e-mail us at dems@nd.gov.

