



## Medical or Mental Health Training on Child Abuse Issues Request Form

The CARES Institute provides training on various medical issues related to child abuse and neglect. Availability to conduct training depends upon patient schedules and the availability of the physicians. For consideration, please complete this form and return to [carestraining@rowan.edu](mailto:carestraining@rowan.edu) or fax 856-566-2778. Please direct questions to 856-566-6744.

Date: \_\_\_\_\_ Agency/Office: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your agency/office received training from the CARES Institute before?  Yes  No

If yes, please explain. \_\_\_\_\_

Describe the topic to be covered in the training: \_\_\_\_\_

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

Who will be attending? (check all that apply)  DCP&P caseworkers  DCP&P supervisors  Medical providers  
 Foster parents  Other (please describe \_\_\_\_\_)

Date(s) for training (if known): \_\_\_\_\_ Total number to be trained: \_\_\_\_\_

Address of training site: \_\_\_\_\_

Phone number for training site: \_\_\_\_\_

**Thank you for your inquiry. You will be contacted within 2 weeks about this request.**

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DO NOT COMPLETE - Internal Use Only

Date to MAF or ED: \_\_\_\_\_ Date Approved/Disapproved (circle): \_\_\_\_\_

If applicable, Assigned Trainer: \_\_\_\_\_ If applicable, date copy to Assigned Trainer: \_\_\_\_\_