

CEU/CERTIFICATE REPLACEMENT

Office of Workforce Development & Training

Name _____
(at the time of the course)

Address _____

Course _____

Location _____

Instructor _____

Date _____

Send application and **\$10.00** check or money order for each course search requested. Make check or money order payable to **Behavioral Health Administration**. The fee is for each file searched whether or not a certificate is awarded.

Mail to: **ATTN: Fiscal**
c/o Office of Workforce Development & Training
Behavioral Health Administration
Dix Building
55 Wade Avenue
Catonsville MD 21228
Office: [410-402-8575](tel:410-402-8575)