



# 2024 Training Opportunities for Safety Science Training

## *Advanced Practical Training Registration Form*

- Collaborative Safety, LLC will be providing three modules of training in 2024:
  - Safety Leadership Institute/Leadership Labs – *see separate registration form to register*
  - Orientations – *see separate registration form to register*
  - Advanced Practical Training: Quality Improvement - *Virtual Only*  
*June 18<sup>th</sup> and 19<sup>th</sup> (Attend Both Days) – 9:00 AM to 3:00 PM each day*
- Each training is designed to assist agencies in promoting the shift to a systemic and proactive culture of safety, by supporting each level of the agency to make three key transitions
- The Advanced Practical Training is a **twelve-month engagement** designed for agency provider staff involved in Licensure, Investigations, Continuous Quality Improvement (CQI), Quality Assurance or other staff involved in agency oversight and/or monitoring. This training requires the trainee to commit to attending **the entire year-long course**. If the applicant cannot commit to the entire year, they **should not** attend this course.
- A two-week notice will be required if an attendee needs to cancel. A waiting list of alternates for each session will be maintained to fill any cancelled registrations. Due to the preparation needed prior to class and the time commitment for some of the courses, last minute replacements will be difficult, so please make every effort to attend if registered.
- If registering more than one person, please register each person separately.

### **REQUIRED REGISTRATION INFORMATION**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

*(Registrant will receive email confirmation and training materials at this email.)*

ORGANIZATION \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

**ADVANCED PRACTICAL TRAINING REGISTRATION**

I wish to sign up for the Advanced Practical Training module. I understand that this is a twelve-month engagement, and I am able to commit to attending for the whole module session.

YES

NO

\_\_\_\_\_ Initials

Please advise of special needs or required accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE EMAIL REGISTRATION OR ANY QUESTIONS TO: [Ryan.Bonser@mt.gov](mailto:Ryan.Bonser@mt.gov)**