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**MACC Training/Presentation Request Form**

*Thank you for considering MACC for your cultural competence training needs. Our mission is to enhance the quality of care in Ohio's behavioral health system and to incorporate cultural competence into systems and organizations that provide care to Ohio's most vulnerable and at-risk populations.*

**I. Please tell us about your organization/agency. Check all that apply.**

- Non-Profit                       For-Profit  
 Health                               Behavioral Health     Education     Social Service  
 Criminal Justice               Safety                       Other (Please specify) \_\_\_\_\_

**II. Please tell us about your previous cultural competence and/or diversity initiatives:**

- Cultural Audit/Assessment  
 Demographic survey of populations in service delivery area  
 General organizational/agency cultural competence  
 Human Services (mental health, alcohol/drug, etc.)  
 Culture and diversity awareness training  
 Cultural/racial/ethnic specific training(s)  
*(Please check all that apply and identify the specific culture and/or training for each as applicable)*

- African American/Black                      \_\_\_\_\_  
 Bi/racial    \_\_\_\_\_  
 Amish    \_\_\_\_\_  
 Appalachian    \_\_\_\_\_  
 Asian    \_\_\_\_\_  
 Developmentally Disabled                      \_\_\_\_\_  
 GLBTQ    \_\_\_\_\_  
 Hispanic/Latino    \_\_\_\_\_  
 Muslim    \_\_\_\_\_  
 Native American    \_\_\_\_\_  
 Poverty    \_\_\_\_\_  
 Somali    \_\_\_\_\_  
 Veteran    \_\_\_\_\_  
 Other \_\_\_\_\_

**III. Please indicate the kind of training/presentation you feel is needed:**

- General organizational/agency cultural competence  
 Cultural/racial/ethnic specific \_\_\_\_\_  
 Specific issue i.e. mental health, alcohol/drug, education, etc. \_\_\_\_\_  
 Other \_\_\_\_\_

(Please share any current issues/concerns)

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**IV. Please identify the composition and approximate number of participants you anticipate attending the training requested:**

(Check all that apply)

Number

- |   |       |
|---|-------|
| <input type="checkbox"/> Board/CEO              | _____ |
| <input type="checkbox"/> Management             | _____ |
| <input type="checkbox"/> Supervision            | _____ |
| <input type="checkbox"/> Direct Service         | _____ |
| <input type="checkbox"/> Support/Clerical       | _____ |
| <input type="checkbox"/> Volunteer              | _____ |
| <input type="checkbox"/> Consumer/Family/Client | _____ |
| <input type="checkbox"/> Other _____            | _____ |

**V. MACC offers the following length/type of training:**

- 1 hour overview presentation     3-hour training     full-day (6-hours) training

MACC's responsibilities:

- MACC will provide the trainer/expert on the selected topic which will be further discussed with Client;
- MACC will develop and forward to the Client a training registration form/brochure;
- MACC will be responsible for providing all training materials and evaluation forms;
- MACC will be responsible for conducting training registration, if applicable;
- MACC will provide continental breakfast and/or afternoon refreshments, as determined by Client and;
- MACC will provide certificates of completion/attendance and CEU's for Psychologists, Nurses, Counselors, Social Workers and RCH's for Chemical Dependency professionals for each participant.

Client's responsibilities:

- Client shall finalize the training date, topic and identify the appropriate training venue no later than **2 months prior to the training date\***;
- Client shall forward name, address, professional license number and CEU request for each participant **to MACC no later than 1 month** before the training date;
- Client shall provide clerical support at the time of registration, if needed
- Client is responsible for indicating if the training is open to other agencies and/or staff outside of those employed by client. If so, the Client shall provide the agency(s) and person(s) name, address, billing information and CEU requests **to MACC no later than 1 month** before the training date.

\*This can be negotiated based on availability.

**Training costs and/or fees are negotiated based upon length of training, number of participants, type of agency and their MACC membership status.** Upon completion of this request form, MACC will schedule a face-to-face meeting or conference call to discuss in detail the training request.

**Contact information:**

Name \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

MACC Member?    Yes         no (Membership discount available)