



1795 Jet Wing Dr. Colorado
Springs, CO 80916

Telephone 719.572.6100
Fax 719.572.6089

MSO Training Funds Request
(One form per request)

Eligibility: Must be an employee within a MSO contracted agency. Training must be related to substance use treatment/ recovery. Requests should be requested prior to training dates and include documents supporting the class/training (brochures/ registrations forms, etc.)

Allowance Amount: TBD by Request Information

➤ Maximum \$1,500 per person/per fiscal year (July 1 - June 30), dependent upon funds availability.

Name of Agency: :

Date of Hire:

Amount Requested:

Name:

Supervisor:

License

Name of Training or Conference:

Professional Development Justification

What specific knowledge or skill will you learn?

How will the acquired knowledge or skill support contract delivery requirements for client recovery?

By signing this document, the agency acknowledges they verify the reimbursement meets the needs of the contract deliverables. Once approved by all parties, Health Network will review the request for approval.

Agency Representative: _____ **Date:** _____

* To be completed by Diversus Health Network: Approved Denied

Reason for denial:

Name of Approver: _____ **Date:** _____

PLEASE ATTACH THE FOLLOWING ITEMS (if applicable):

1. Training Registration information
2. Conference Brochure/Agenda if available
3. Payment Receipt

Return the completed request to HNdeliverables@Diversushealth.org

COMPLETE THE QUESTIONS BELOW (if applicable):

EMAIL ADDRESS: _____

BEST DAY-TIME PHONE: _____

TRAINING OR
CONFERENCE NAME : _____

DESTINATION: _____

Funds Distribution		Amount of Each Request
Fee Books and	\$	_____
Materials	\$	_____

		_____ ← TOTAL