



**REGISTRATION**  
**External to Carewest, AHS or Capital Care**  
**\$650**

**Session Dates:**

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Year

Month

Days

**Name:**

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First

Last

**Occupation:**

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**Organization:**

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**Location**

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Address

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City

Province

Postal Code

**Phone #:**

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**E-mail:**

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**Supportive Pathways Participant Training is a prerequisite for Train the Trainer**

**Please provide a copy of your certificate with this registration form.  
If you do not have the prerequisite training, you can register for the  
Accelerated Supportive Pathways Basic Participant Training**

Completed registration form and a copy of your Supportive Pathways Participant Training certificate  
to be emailed to tyra.ball@ahs.ca

Please make your cheque payable to Alberta Health Services  
(note your name, session title & dates on cheque) and mail to:

**Carewest, Education Services,  
Southport Tower, 10301 Southport Lane SW,  
Calgary, Alberta T2W 1S7**

Confirmation will be sent upon receipt of payment.

*(Please note that we do not offer a refund if you cancel, however you may attend a future session)*

**THANK YOU**