

NCTRC Webinar Request Form



CONTACT INFORMATION

Name:

Organization/College/University:

Daytime Phone:

Alternate Phone:

Email:

SESSION CONTENT REQUESTED

Certification Process (*students*)

Internship Guidelines (*internship supervisors or students entering internship*)

Recertification and Areas of Specialization (*CTRSs*)

NCTRC Overview of Services

Other:

Duration of Session:

Preferred Date/Time of Session:

2nd Choice of Date/Time of Session:

TECHNOLOGY REQUIREMENTS: Reliable internet connection and either a webcam and microphone, a webcam and phone, or a phone only.

Hosted by Organization/College/University—List web based, video conferencing program you intend to use:

Hosted by NCTRC using Zoom (<https://zoom.us>)

Signature (*handwritten or digital*)

Date