



**Colorado Firefighter Heart, Cancer and Behavioral Health Benefits Trust
Behavioral Health Peer Support Training Reimbursement Form**

Section I – Participant, Employer, and HR Information

Individual Participant Legal Name	Individual Participant Job Title
Individual Participant Email	Individual Participant Phone Number
Individual Participant Address	
Employer Name	
Employer Address	
HR Contact Name	HR Contact Email
Who should we reimburse (check one): Participant Employer	

Section II – Training Program Information and Endorsement

Name of the Behavioral Health Peer Support Training Program Attended		
Why did you receive this training?		
What did you think of this training?		
How will you use this training going forward?		
Date of Training	Cost of Training	
Please attach a receipt and certificate of completion from the training program attended. This reimbursement form will be considered incomplete without these items.		
_____ Signature of Participant	_____ Name of Participant(Please Print)	_____ Date Signed

