



DO YOU WANT TO ATTEND PEER EDUCATION TRAINING PHASE I?

\_\_\_\_\_ Yes                      \_\_\_\_\_ Not at this time

\*\*\*See website for training dates.

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In order to participate in Phase II of the PETS program you must **first** complete Phase I

YES    By signing this I understand I will be contacted by phone or mail at the above address and phone number

NO    Do not contact me at home, please contact me at \_\_\_\_\_

Alternate address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed application to your case manager. You may also call 888-842-9469, fax directly to Partners in Caring at 919-681-8790, or e-mail as an attachment to [ebony.hines@duke.edu](mailto:ebony.hines@duke.edu). Thank you.