



**DO YOU WANT TO ATTEND PEER EDUCATION TRAINING  
PHASE I?**

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

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

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

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**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 \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This is a study program and data will be collected**

**Please return the completed application to your case manager or call 1 888 842-9469**

**Mail to : Partners In Caring, DUMC Box 3112, Durham, NC 27710 or confidential  
fax 919-681-8790**