CALM Program

Class Report/Roster

Date of Program:	***Program Taught:***
Starting Time:	
End Time:	☐ ***CALM*** Instructor Course (24 hours) ☐ ***CALM*** (8-10 hours) ☐ ***CALM*** Excluding Seclusion and Restraint (6-7hours) ☐ ***CALM*** Protect (1-2 hours)
Location:	
Instructor Name:	
Instructor ID#:	

The creators of the CALM Program recognize that no system of behavioral management is fool proof. When a person is intent upon harming themselves or others there is always a risk that they will in some way succeed.

Recognizing this, Crisis Management Solutions, Inc. is not responsible for injury or liability related to the use or misuse of these techniques.

By signing below the instructor and class participants acknowledge that they have been made aware and agree to this waiver of responsibility.

Instructor's Signature:

Name (Clearly Printed)	Position/Title	Signature

Name (Clearly Printed)	Position/Title	Signature

Submit completed rosters and supporting documentation to:
Crisis Management Solutions, Inc.
PO Box 724437
Atlanta, GA 31139