



IMPAIRED DRIVER CARE MANAGEMENT PROGRAM

*****PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION*****

To enroll into the Impaired Driver Education Program, please fill out the information below and mail it, along with your **certified check or money order**; for the full amount of the class you choose. This will secure your spot in the upcoming class. **Personal checks will be returned.** Please make checks payable to **North Country Health Consortium.**

NAME _____ **Date Of Birth** _____ **Male- Female**

Mailing Address _____ **City** _____ **State** _____

Zip _____ **Datetime Phone** _____ **last 4ss#:** _____

Court and State of Conviction _____ **Date of Conviction** _____

_____ **I need assistance with reading and writing.**

_____ Please enroll me into the next weekend daytime Impaired Driver Education Program (IDEP) at 1620 East Main St. Center Conway, NH. **\$300.00 enclosed**

_____ Please enroll me into the next weekend daytime Impaired Driver Education Program (IDEP) at the Tri-County CAP building 610 Sullivan St. Suite 303 3rd floor please enter on the Grafton St. side door, in Berlin. **\$300.00 enclosed**

_____ Please enroll me into the next weekend daytime Impaired Driver Education Program (IDEP) Friendship House at 2957 Main St in Bethlehem. **\$300.00 enclosed.**

_____ Please enroll me into the next weekend daytime Impaired Driver Education Program (IDEP) at the Tri-County CAP building 6 Church St. in Woodsville. **\$300 enclosed.**

This information is being disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.