



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

To enroll into the Impaired Driver Education Program, please fill out the information below and mail the application along with a **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 4 digits of ss#: _____

Court and State of Conviction _____ Date of Conviction _____

Do you need assistance with reading and writing? Yes No

Please enroll me into the next Impaired Driver Education Program (IDEP) at:

_____ 1620 East Main Street, Center Conway, NH. **\$300.00 enclosed**

_____ 94 Main Street, Berlin, NH. **\$300.00 enclosed**

_____ Friendship House - 2957 Main Street, Bethlehem, NH. **\$300.00 enclosed.**

_____ Tri-County CAP building 6 Church Street, Woodsville, NH. **\$300.00 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.

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