



# Take the next step toward A Career in Healthcare

Get the training you need

For **Free**

**Train for any of the following career paths:**

- *Patient Service Representative*
- *Billing Technician*
- *Health Assistant*
- *Medical Records Technician*
- *Call Center Representative*
- *Pharmacy Technician*

## How to Apply:

**Ask the Receptionist, Medical Assistant,  
or Provider for a referral form or**

**Email: [jmcbec@pchc.com](mailto:jmcbec@pchc.com)**

**Call: 992-9200 x471**





**PCHC HEALTH CARE WORKPLACE TRAINING**  
**REFERRAL FORM**

Attention To: \_\_\_\_\_  
Fax to: \_\_\_\_\_

Email: \_\_\_\_\_  
Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Service Category:       Youth Services (Ages 14-21)       Adult Services

I give my permission for the Referring Agency below to release my contact information along with my case summary information to Eastern Maine Development Corporation ("EMDC"). I would like to speak with an EMDC representative for the purpose of explaining EMDC's programs and services.

Customer Signature: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_

**\* Please fax Referral Forms to 207-561-4078 Attention: Jane Black\***

**\* Provide copy to Customer \*      \*Customer brings copy of referral to Information Session\***  
**\*INFORMATION SESSIONS are offered every Tuesday from 1:00 – 2:00 p.m.\***  
**No sign up necessary/open to the public – Tri-County CareerCenter, Oak Street, Bangor**

\*\*\*\*\* EMDC Staff Use Only \*\*\*\*\*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: Application completed and all necessary documentation provided (date) \_\_\_\_\_

No Show \_\_\_\_\_ No documentation provided \_\_\_\_\_