REGISTRATION FORM

Training, Quality and Development

Class Information:

Course Name: Start Date: Location:	Training Code:

Participant Information:

Last Name:	First Name:	M.I.
Social Security Number:	Work Phone Number:	Work Fax Number:
District/Division/Office	Work Address:	Work City, State, Zip code
Supervisor's Name:	Supervisor's Phone Number:	Supervisor's Fax Number:

Does participant require any special accommodation on our part? ❒yes ❒no

If yes, please explain:_____

Prerequisites for MSS or LSS:

(Indicate one or more): ___Manager ___Supervisor ___Sign Evaluations

Authorization:

_____ _____

Participant Date

_____ _____

Supervisor Date

_____ _____

Training Coordinator Date

_____ _____

D/D/O Designee (mandatory) Date

TQD USE ONLY

Date Received:	Date entered in database:	Confirmation sent: