

Basic Licensure Training Registration Form

Please complete and return via e-mail to:

MHL.Trainings@dhhs.nc.gov

DATE:

Contact Information

Name:

Agency (If applicable):

Telephone Number:

Email Address:

Training Location

Location Requested:

Training Date Requested:

Please list additional persons within your agency that will be attending the training. They must be registered to attend.

Name	Email	Telephone Number

NO CHILDREN: Due to limited seating, please do not bring children to the Orientation.

REQUIRED MATERIALS: Please print or download all necessary information from our website before arriving.

WI-FI ACCESS: A stable Wi-Fi connection may not be available, so ensure that any digital materials are accessible offline.