



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

## New Provider Orientation Registration Form

Please complete and return via e-mail to:

[MHL.Trainings@dhhs.nc.gov](mailto:MHL.Trainings@dhhs.nc.gov)

**Date:**

### Contact Information

Your Name:

Telephone Number:

Email Address:

### Training Location

Location Requested:

Training Date Requested:

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

Name	Email	Telephone Number