



County of Los Angeles Department of Mental Health

TRAINING APPLICATION FORM



Please Print or Type

Instructions

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for a training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

This form is not to be used for LPS Designation Training. The LPS Application is available at lacdmh.lacounty.gov/training&workforce.html.

Training Title (as in DMH bulletin)			
Date(s)		Training Coordinator	
County Employee Number <i>(non-county employees supply the last four digits of the SSN)</i>			
Name			
Program, Service or Agency			
Job Title			
Address			
City		Zip Code	
Telephone		Email	
License or Credential Number(s) (complete as many as applicable)			
CAADAC		LCSW	
		LPT	
		LVN	
MD		MFT	
		Psychologist	
		RN	
Supervisor's Approval (Applications will not be processed if not signed by supervisor)		For processing, please return Application to:	
Print Supervisor Name		Los Angeles County Department of Mental Health Workforce Education and Training Division 695 S. Vermont Avenue, 15th Floor Los Angeles, CA 90005 Fax: 213-252-8776 Phone: 213-251-6854 DMHLearningNet@dmh.lacounty.gov	
Supervisor's Signature			
		(When faxing, there is no need to use a cover sheet)	