

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
 WORKFORCE EDUCATION AND TRAINING DIVISION  
 Request for Certificate / Award Letter for Continuing Education**

Instructions:	
<ul style="list-style-type: none"> <li>▪ Each request for a duplicate copy of certificate/award letter for continuing education must be completed on a separate request form.</li> <li>▪ In the space below please provide all required information.</li> <li>▪ If the form is not filled out completely and accurately, the Training Division will not be able to process your request.</li> </ul>	
Name:	
County Employee Number (Non-County employees supply last four digits of SSN) :	
Agency:	
Email:	Phone Number:

I am requesting that a duplicate copy of a certificate/award letter be issued for the following training event:

Training Title:	
Training ID:	Date of Training:
Training Location:	

Please send the duplicate certificate/award letter to:

- Email Address
- Mailing Address Below

Street Address:		
City:	State:	Zip Code:

Send request to:

**County of Los Angeles  
 Department of Mental Health  
 Training Division  
 695 S. Vermont Ave., 15<sup>th</sup> Floor  
 Los Angeles, CA 90005  
 FAX No: (213) 252-8776  
[LearningNet@dmh.lacounty.gov](mailto:LearningNet@dmh.lacounty.gov)**

**Please allow 60 days for processing. All requests must be in writing.**