

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

Please do not bring children to the Orientation due to limited seating for guests. Please make sure that you print or download the required information from our website. Our website is www.ncdhhs.gov/dhsr. Please note: A Wi-Fi connection may not be available.