

TRAINING UNIT - REGISTRATION FORM

FROM:	TO: KCMHSAS TRAINING UNIT
ORGANIZATION: <input type="text"/>	E-mail: dflanegan@kazoozcmh.org
CONTACT PERSON: <input type="text"/>	Fax: (269) 553 - 7144
PHONE #: <input type="text"/>	Phone: (269) 553 - 7148
MONTH: <input type="text"/>	Address: 418 Kalamazoo Avenue Kalamazoo, MI 49007

OBS. Enter info. in gray areas. Use "Tab" to move

	STUDENT'S NAME	LAST 4 DIGITS OF SOCIAL SECURITY #	HIRE DATE	Mandt - Part I	Mandt - Part II	Health & Meds - 1	Health & Meds - 2	WWP-RDC	Emerg. Prep.	First Aid	Nutrition	CPR - Adult	Child & Infant CPR	Grievance & Appeals	PCP	BBP / PDT	Recip. Rights	Cultural Diversity	Other	Student is: Out Patient, Case Mgmt, CLS, Home Based, Skill Bldg, SSC, Residential, Other
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

DIRECTIONS: Place only "DAY" date in appropriate box(es). E X A M P L E 5 9 18 2

COMMENTS: