

HCSIS Incident Management Training OMHSAS

County and Provider Training Registration Form

Please list the information below for each of the end users in your organization who are planning to attend the session. Please note that completing the web-based training is a pre-requisite for attending the in-class training. Return registration via e-mail to Sam Reiman at c-sreiman@state.pa.us.

County Name

Provider Name

Provider Type: CRR (Adult) LTSR

Individual Registration

Name:

Email:

Phone:

Complete Web-Based Training: Yes No

Name:

Email:

Phone:

Complete Web-Based Training: Yes No

Name:

Email:

Phone:

Complete Web-Based Training: Yes No

Name:

Email:

Phone:

Complete Web-Based Training: Yes No

Name:

Email:

Phone:

Complete Web-Based Training: Yes No