

Mental Health Support Specialist

STUDENT INFORMATION FORM

NOTE: Please complete all sections below to enable The Center for Learning to enter you in their MHSS database. This information is needed in case you lose your certificate and need to request a replacement copy.

End Date of the MHSS Course attended: _____

Trainer(s)' Name(s): _____

First Name: _____ **Last Name:** _____

Agency/Company Name: _____

Work Address:

Home Address:

Work Phone #: _____

Home Phone #: _____

Email: _____

☆ **Be sure to return the completed form to your instructor.** ☆