

Mental Health Support Specialist

TRAINING NOTIFICATION FORM

TRAINER: Please complete and submit this form to the address below no later than 30 days from the start of an MHSS training course. Thank you.

Trainer(s)' Name(s): _____

Dates of Training: _____

Time(s): _____

Location of the Training: _____
(Agency/Address) _____

This Training will be held in the following format:

Face-To-Face: _____ Video-Conference _____ Blended Format _____

Phone Number: _____ **Email:** _____

Class Size Limit: _____ **Course Fee for Non-Employees:** _____

Additional information (Ex: Registration website): _____

Upon completing this form, please submit it to:

Scott Bernier
USM, Catherine Cutler Institute
The Center for Learning
12 East Chestnut St.
Augusta, ME 04330
Email: sbernier@maine.edu