



North Carolina Department of Health and Human Services
Division of Health Service Regulation • Mental Health Licensure and Certification Section

Connecting the Dots: Provider Training Registration Form

Please complete and return via e-mail to: Danalouise.Reeves@dhhs.nc.gov

Date: _____

Contact Information

Your Name:			
Telephone Number:		Email Address:	
Agency Name:			
MHL Number(s) Please list all:			
Licensure Code(s) Please list all:			

Training Location

Location Requested	
Training Date Requested	

Please list any other people within your agency that wish to attend the training. Since seats are limited, they must be registered as well.

Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	