

MASSACHUSETTS STATE 911 DEPARTMENT
Individual and Systemic review of Behavioral Health & Substance Use -
Application for Enrollment

Please email completed applications to: 911training@massmail.state.ma.us

IN-PERSON CLASSROOM TRAINING

Course Information *(Please fill in requested dates of training)*

Course Title

Location

Training Date(s)

Individual and Systemic review of Behavioral Health and Substance Use		
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Chief/Director/PSAP Supervisor Information

Today's Date: _____

Class requested by: _____
(full name - include title)

Agency / Department: _____

Agency / Department Address: _____

Direct Tel. Number: _____ Cell Phone Number: _____
(include area code) (optional)

EMAIL Address: _____

(ALL CONFIRMATIONS WILL BE EMAILED TO THE EMAIL ADDRESS ABOVE)

STUDENT Information

	Student Name	Last Four Digits of SS#	Email Address
1.			
2.			
3.			
4.			
5.			
6.			

CHIEF/DIRECTOR/PSAP SUPERVISOR SIGNATURE: _____