MASSACHUSETTS STATE 911 DEPARTMENT

Supporting Children's Mental Health for Dispatchers & First Responders -

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)
Supporting Children's Mental Health for Dispatchers & First Responders		

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: _____