

**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](mailto:911training@massmail.state.ma.us)

**IN-PERSON CLASSROOM TRAINING**

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

Course Title

Location

Date(s)

Supporting Children's Mental Health for Dispatchers & First Responders		
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**Chief/Director/PSAP Supervisor Information**

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:** \_\_\_\_\_