TRAINING REGISTRATION
MICHIGAN DEPARTMENT OF HUMAN SERVICES
FOSTER HOME LICENSING/COMPLAINT HANDLING TRAINING

Employee's Name:

Job Function:
[ ] case worker [ ] therapist
[ ] adoption worker [ ] adoption supervisor
[ ] certification worker [ ] certification supervisor

Time In Function:

Supervisor's Name: Telephone Number:

Supervisor's Approval Signature:

Child Placing Agency Name: Agency's License Number:

Child Placing Agency Mailing Address:

Type of Training:

[ ] Certification [ ] Complaint

Attended Previously

[ ] Yes [ ] No

Date of Training:

Special Needs of Trainee

PLEASE MAIL OR FAX TO:

Ann M. French, Secretary
Department of Human Services
Office of Children and Adult Licensing
7109 W. Saginaw, 2nd Floor, P.O. Box 30650
Lansing, MI 48909-8150
FAX # (517) 335-6121

Telephone registrations will NOT be accepted.

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