



CPSS SUPERVISOR TRAINING REGISTRATION FORM

Instructions: Please complete the registration form in its entirety. Be sure to include your best contact information and your mailing address where you would like to receive your training certificate. Proof of applicant's educational background (i.e., Masters degree/transcript) and recommendation from supervisor is required. Return your completed form to Carolyn Scott at carolyn.scott@dmh.ms.gov. Please contact Carolyn Scott via email or at 601-359-6671 if you have any questions.

TODAY'S DATE:

TRAINING DATE:

NAME:

PHONE: (cell) _____ (work) _____

EMAIL ADDRESS:

MAILING ADDRESS:

ORGANIZATION / PROVIDER NAME:

Are you currently supervising Peer Support Staff? YES NO (check one)

Is the applicant's Masters degree or transcript attached? YES NO (check one)

Recommend for Training: I do / do not recommend at this time (check one)

Reason for recommendation/denial:

Print Applicant's Supervisor's Name / Title

Date

Applicant's Supervisor's Signature

Date