



## TRAINING NOTIFICATION FORM

**NOTE:** Please fill out and submit this form to the address below no later than 30 days from the start of an MHSS training course. Thank you.

Instructors' Names: \_\_\_\_\_

Dates of Training: \_\_\_\_\_

Time(s): \_\_\_\_\_

Location of the Training: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Class Size Limit: \_\_\_\_\_



**Please remember that the MHSS training course will include at least 35 hours of face-to-face instruction, excluding any time spent on breaks, and it will cover the information outlined in the standardized curriculum.**

**Upon completing this form, please submit it to:**

Scott Bernier  
USM Muskie School  
The Center for Learning  
45 Commerce Dr., Suite 11  
Augusta, ME 04330

**Fax:** (207) 626-5022

**Email:** sbernier@usm.maine.edu