



TRAINING VALIDATION FORM

NOTE: No later than 30 days after the completion of an MHSS training course, please fill out and submit this form to the address below.

Instructor's Name: _____

Dates of Training: _____

Time(s): _____

Location of the Training: _____

Phone Number: _____ Email: _____

Please attach a list of students who completed this training, using the format below:

Student's Name	Student's SSN:
_____	_____
_____	_____
_____	_____

Notes/Comments about this training: _____

By signing below, the instructor certifies that: 1) all students listed have completed all of the requirements of the course; 2) the MHHS training course included **at least 35 hours** of face-to-face instruction—**excluding** any time spent on **breaks**; and 3) it covered the information outlined in the standardized curriculum.

Instructor's Printed Name Instructor's Signature Date

Return completed form to:

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

Fax: (207) 626-5022
Email: sbernier@usm.maine.edu