

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

VERIFICATION OF ATTENDANCE LETTER

DATE:

TO:

FROM:

SUBJECT: VERIFICATION OF ATTENDANCE TO OUTSIDE TRAINING (PO No. _____)

Your Outside Training Request Form has been approved for you to attend the following:

Title of Training:

Date:

Vendor:

Location:

Program Hours:

Verification of your attendance is required for our records. **Onsite Vendor Registration Staff** are to sign this form confirming your attendance:

Attendance Verified by: _____
(Print Name – Vendor Staff)

Signature: _____
(Vendor Staff)

Please return this verification to:

Clinical Training

Workforce Education & Training (WET) Division
695 S. Vermont Ave., 15th Floor
Los Angeles, CA 90005
Attn: Outside Training Request
Fax to: (213) 252-8775

Non-Clinical Training

Human Resources Bureau (HRB) – Training Division
550 S. Vermont Ave., 7th Floor, Rm. 700
Los Angeles, CA 90020
Fax to: (213) 252-1768
Email: HRTraining@DMH.lacounty.gov