

County of Los Angeles Department of Mental Health

TRAINING DIVISION

DMH Contract Provider

LEARNING NET SYSTEM ACCESS FORM

Instructions: All information must be completed to add your name into the DMH Learning Net System. This is required for DMH contract provider personnel to register and attend any DMH offered training.

Today's Date

Last 4 digits of SSN

Rendering Provider NPI
(National Provider ID)
10-digit requirement

New

Termination

Last Name (please print)

First Name and Middle Initial (please print)

Area Code

Telephone No.

*Professional License No.

M/F

Legal Entity Name

5-digit LE.No.

**Learning Net E-mail Address.

Address

Area Code

Fax No.

City

Zip

Authorized Staff Designated to Sign (print)

Authorized Staff Designated to Sign (signature)

*Licensed, waived and para-professional staff.
DMH does not provide training for clerical and administrative contract personnel.
**The email address must be the one designated for the Learning Net. This email is assigned by your legal entity's IT Department.

For processing complete and submit to:
LAC-DMH Training Division
695 S. Vermont Ave., 15th Floor, Los Angeles, CA 90005
Fax: (213) 252-8776 or 252-8775
Phone: (213) 251-6854