



County of Los Angeles Department of Mental Health

TRAINING APPLICATION FOR CONTRACT PROVIDERS

Instructions: All requested information must be filled out to be registered for any training offered by the Department of Mental Health (DMH) and to create a training transcript.

Print Only

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Conference/Workshop Title

Training Date

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IS Rendering Provider Number*

*The rendering provider number can be found on the IS 290-Billing Provider Report in the rendering provider ID field.

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First Name

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M Initial

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Last Name

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Company

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Address 1

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Phone

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Address 2

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Fax

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City

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State

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Zip

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License # (if applicable)

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Email Address (Required for confirmation/denial of training registration)

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License # (if applicable)

Return Application to:

LAC-DMH

Training & Quality Improvement Divisions

695 S. Vermont Ave., 15th Floor, Los Angeles, CA 90005

Fax: (213) 252-8776 or 252-8775 (do not include a cover sheet)

Phone: (213) 251-6854