## **Mental Health First Aid Training Registration**

| Name: Name of Agency or S  |  |  |
|--|--|--|
| Campus/ School Nam<br>Job Title/Position wit   | ne:thin the agency (No abbreviation          | ons):  |
| Work Email Address   | :  |  |
| Phone Number:  |  |  |
| Military Status (Chec<br>[ ] SM= Service Mer<br>[ ] V= Veteran<br>[ ] F= Military Fami | mber   |  |
|  | REGIONAL CENTER FOR PUBLIC SAFETY EXCELLENCE | Mental Health  |
| ***  |  | FIRST AID  from NATIONAL COUNCIL FO MENTAL WELLBEING |
|  | 3901 S. CAGE BLVD.                           |  |
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