

THRESHOLDS

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Telephone Number: 773.572.5253
Fax Number: 773.537.3555

Austin/Humboldt MISA Consortium Training Registration

Agency: _____

Agency Fax #: _____

Registrant: _____

Phone #: _____

License Number: _____

Job Title: _____

Supervisor: _____

- † Registrant is requesting CEUs † Please send CEU by email upon completion of training
Email address is _____
† Please provide hard copy of CEU certificate at the time of training

Date	Title	Course Code	Location	Time	For Training Dept. Use

***Please Note: All registrations must be faxed and processed through the MISA Consortium Training Group Contact at your agency.**