MISSISSIPPI
FORM MDHS-PER-2011
Revised 01-03-94

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES

TRAINING REPORT

Please return this form to the Division of Human Resources, 750 North State, Street, Jackson, Mississippi (Handmail) or P.O. Box 352, Jackson, MS 39205 (Postal Services).}

1. Name of Training Activity:

_____

_____

2. A. Place: _____

   B. Date: _____

   C. Time (Beginning /Ending): _____

3. Speaker (s) /Instructor (s)

	NAME	TITLE	PLACE OF EMPLOYMENT
A.			
B.			
C.			

4. Division Serving as Sponsor of Program: _____

_____

5. Brief Summary of Training Content: (Attach agenda also, if available.)

_____

_____

_____

6. MDHS Participants:

SIGNATURE	SS#	DIVISION/LOCATION

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