



**County of Los Angeles Department of Mental Health**

**TRAINING APPLICATION FOR  
CONTRACT PROVIDERS (Non-County Employees)**

**Instructions:** All requested information must be filled out to be registered into the Learning Net and to create a Training Transcript.

***Print Only***

Training Title

Training Date

Last 4 digits of SSN

Last 4 digits of  
Drivers License or ID

The last 4 digits of your SSN along with the last 4 digits of your Drivers License or ID will become your new Employee ID # for future trainings with DMH.

First Name

M Initial

Last Name

Company

Address 1

( )  
Phone

Address 2

( )  
Fax

City

State

Zip

Email Address

**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