



PEER BRIDGER TRAINING REGISTRATION FORM

Instructions: Please complete the registration form in its entirety. Be sure to include your best contact information and your mailing address where you would like to receive your training certificate. Type all responses and return your completed registration form to Kathy Smith at kathy.smith@dmh.ms.gov. Please contact 601-359-6671 if you have any questions.

DESIRED PEER BRIDGER TRAINING DATE: _____

NAME: _____

PHONE (please indicate work or cell): _____

EMAIL ADDRESS: _____

MAILING ADDRESS:

PROVIDER NAME / DIRECT SUPERVISOR:

DATE OF CPSS TRAINING: _____