MISSISSIPPI DEPARTMENT OF HUMAN SERVICES DIVISION OF YOUTH SERVICES

TRAINING REPORT

Please return this form to the Division of Human Resources, 200 South Lamar Street, Jackson, Mississippi (Handmail), or P.O. Box 352, Jackson, MS, 39205 (Postal Services).

Nar	ne of Training Activity:		···			
A.	Ptace:					
В.	Date:					
C.	Time (Beginning/Ending):					
Spc	eakers(s)/Instructor(s) NAME	TITLE	PLACE OF EMPLOYMENT			
A.						
В.		 .				
C.						
Division Serving as Sponsor of Program:						
Bri	rief Summary of Training Content: (attach agenda also, if available)					
MI	OHS Participants:					
	SIGNATURE	SS#	DIVISION/LOCATION			
	15 2010					
	June 15. 2019	Policy 9 In-Service Training	Attachment B			

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SIGNATURE	SS#	DIVISION/LOCATION

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