

**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).

1. Name of Training Activity:

2. A. Place: _____

B. Date: _____

C. Time (Beginning/Ending): _____

3. Speakers(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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