



**PARTICIPANT INFORMATION SHEET  
ADMINISTRATIVE SERVICES CERTIFICATION PROGRAM**

<b>NAME:</b>	
<b>TITLE:</b>	
<b>AGENCY:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER:</b>	
<b>FAX NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NAME OF IMMEDIATE SUPERVISOR:</b>	
<b>SUPERVISOR'S EMAIL ADDRESS:</b>	
<b>BRIEF DESCRIPTION OF JOB DUTIES:</b>	
<b>YEARS WITH AGENCY:</b>	
<b>YEARS IN STATE GOVERNMENT:</b>	

Please complete and fax (601-488-2903) or scan to  
[dionne.young@mspb.ms.gov](mailto:dionne.young@mspb.ms.gov)