



Professional Development Course Training Registration Form

Please complete a separate form for each participant

Participant's Name:	Preferred Name:	MAGIC Identification Number:	
Name of Agency & Address:		Home Address:	
Work Telephone Number:		Home Telephone Number:	
Title:		Email Address:	
Are you currently in the ASCP/CPM Program?		Special Services Needed: Wheelchair: Braille: Interpreter: Other:	
Participant's Supervisor's Signature:		Supervisor's Telephone Number:	
Agency Director's Signature: (or)		Agency Training Coordinator/Director:	
Class Title (s)	Date Requested	Cost	

Mail all registrations to:
Mississippi State Personnel Board Office of Workforce Development
Attention: Tori Whitley, Director of Professional Development Program
210 East Capitol Street, Suite 350
Jackson, MS 39201 (Handmail)
or fax to (601) 359-2717

Phone: (601) 359-2768