

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
TRAINING DIVISION**

**Request for Certificate / Award Letter for Continuing Education**

|   |  |
|---|--|
| Instruction:  |  |
| <ul style="list-style-type: none"><li>• Each request for a duplicate copy of certificate/award letter for continuing education must be completed on a separate request form.</li><li>• In the space below please provide all required information.</li><li>• If the form is not filled out completely and accurately, the Training Division will not be able to process your request.</li><li>• Please sign and date your request</li></ul> |  |
| County Employee Number (Non-County employees supply last four digits of SSN)  |  |
| Name:   |  |

I am requesting that a duplicate copy of a certificate/award letter be issued for the following training event:

|                 |  |                   |  |
|-----------------|--|-------------------|--|
| Training Title: |  |                   |  |
| Training ID:    |  | Date of Training: |  |

I am requesting that the duplicate certificate/award letter be mailed to the following address:

|                 |  |       |           |          |  |
|-----------------|--|-------|-----------|----------|--|
| Street Address: |  |       |           |          |  |
| City:           |  | State | <b>CA</b> | Zip Code |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail request to:

**County of Los Angeles  
Dept. of Mental Health  
Training Division  
695 S. Vermont Ave., 15<sup>th</sup> floor  
Los Angeles, CA 90005**

**FAX No. (213) 252-8776 or 8775**

**Please allow 60 days for processing. All requests must be in writing.  
Request by telephone for duplicate copies of certificate/award letters cannot be honored.**