

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
 WORKFORCE EDUCATION AND TRAINING DIVISION
 Request for Certificate / Award Letter for Continuing Education**

Instructions:

- Each request for a duplicate copy of certificate/award letter for continuing education must be completed on a separate request form.
- In the space below please provide all required information.
- If the form is not filled out completely and accurately, the Training Division will not be able to process your request.

Name:

County Employee Number
 (Non-County employees supply last four digits of SSN) :

Agency:

Email:	Phone Number:
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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:
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Training Location:

Please send the duplicate certificate/award letter to:

- Email Address
- Mailing Address Below

Street Address:

City:	State:	Zip Code:
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Send request to:

**County of Los Angeles
 Department of Mental Health
 Training Division
 695 S. Vermont Ave., 15th Floor
 Los Angeles, CA 90005
 FAX No: (213) 252-8776
LearningNet@dmh.lacounty.gov**

Please allow 60 days for processing. All requests must be in writing.