



San Bernardino County IHSS Public Authority Training Registration Form

CLASS INFO:

Class Date	Class Name	Class Location (City)
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PLEASE PRINT CLEARLY

Last Name	MI	First Name
DOB	Social Security Number (used to verify eligibility)	
E-mail Address		
Mailing Address (where you want your card/certificate to be sent)		Apt/Space #
City		Zip
Daytime Phone Number ()	Alternate Phone Number ()	



CHECK ALL THAT APPLY

I am a new Public Authority applicant.

I am currently available on the Public Authority Registry.

I am currently working for an IHSS client.

I understand that if I fail to cancel or attend this training, it may result in my removal from the Public Authority registry **and/or** it may affect my ability to register for future classes.

Signature: _____ Date: _____

**Please complete this form and bring it with
you to your scheduled class date.**

OFFICE USE ONLY

Verification:

Verified in HomeCare

Date: _____

Initials: _____

Verified in CMIPS

Date: _____

Initials: _____

Notes/Comments:
