Doña Ana County Health and Human Services Department
Mental Health First Aid Training - Certification Program
Registration

Name: _____ **Title:** _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Cell:** _____

Email: _____

Are you over the age of 18? Yes No

Which Training are you interested in attending?

Location: _____ Date: _____

Type of training: (Adult English, Adult Spanish, Youth English, Youth Spanish) _____

Please indicate if you have any food allergies: _____ **Are you vegan/vegetarian?** Yes No

Agreement
My signature indicates that I commit to attend the 8 hour, Mental Health First Aid Certification Program on the selected date.

_____ _____
Participant Signature **Date**

On behalf of the Doña Ana County Health and Human Services Department, we thank you for your interest in the Mental Health First Aid certification program.
**Must be 18 years or older to register
Please send this application to Health & Human Services Department
845 N. Motel Blvd., Las Cruces, NM 88007 or Fax: 575-525-5922
Email: MHFA@donaanacounty.org