



## interRAI HC Assessment & Care Planning Training Registration Form

Trainee Name:

Agency Name:

Trainee Title:

Supervisor Name:

Trainee Email:

Supervisor E-mail:

Trainee Region:

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Type of training class:

interRAI HC Assessment

Care Planning

Recertification

Regional Location:

Baton Rouge

Alexandria

Month you wish to attend:

Have you previously attended any of these training classes?

If yes, select each applicable training and include the date you attended.

interRAI HC  
Assessment

Care Planning

Recertification

**Click "Submit" at the top of the form to automatically register. If the submit feature is not allowed with your computer set up, then send the typed form as an e-mail attachment to [OAASMDS-HC&CPTRAINING@la.gov](mailto:OAASMDS-HC&CPTRAINING@la.gov).**

**Once we have received your registration form, you will get a confirmation e-mail along with the formal training announcement and/or calendar. If no follow up email is received within 24 hours then please resubmit.**

***\*\*Please e-mail [OAASMDS-HC&CPTRAINING@la.gov](mailto:OAASMDS-HC&CPTRAINING@la.gov) in advance if any special accommodations are needed or in the event you are unable to attend the training class you registered for.***