



CP of NYS Annual Conference – Tuesday, October 26, 2010

**Required Medicaid Training For Preschool / School Health Supportive
Services (SHHS) Program Participants**

Please **PRINT** or **TYPE**:

Affiliate: _____

Person
Completing Form: _____

Title: _____

Phone #: _____ Ext. _____ FAX #: _____

E-mail: _____

Affiliate Staff Who Will Attend the Training on October 26:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

(please add additional pages, if necessary)

***Please return this form by July 30, 2010 to Marie Colbert at
mcolbert@cpofnys.org or by fax to (518) 436-8619***