



**Human Service Worker Safety Training
Completion Verification Form**

By signing below, I acknowledge the following:

I have received and read the EOHHS Human Service Worker Safety Training Guide.

Please complete ALL fields below:

Print Name (please print clearly) _____

Employee ID _____

Signature _____

MHA, Inc. 995 Worthington St Spfld

Agency _____

413-7345376

Work Phone Number _____

Date _____

Please submit this completed form to:

Mail:

Valerie Watkins

NE Region DDS Staff

Development/Training

PO Box A, Hogan Regional Center

Danvers, MA 01937

Email:

Valerie.watkins@massmail.state.ma.us

Fax:

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