Virginia Department of Education

Office of Career, Technical, and Adult Education

# **Manufacturing Skills Institute (MSI) Trainer Certification Course**

**Registration Form**

**1st Choice Session Date:**       **2nd Choice Session Date:**

**Select one**:

 MT1 Certified Trainer [ ]

 MT1 Certification Recertification [ ]

 Manufacturing Specialist (MS) or MT1 Assessment Retake [ ]

**Participant’s Information:**

* First Name:
* Last Name:
* Title:
* School Division:
* School:
* Mailing Address:
* City:
* State: Virginia
* Zip:
* Phone Number:
* Email:

**Professional Background** (please check all that apply):

Technology Education Teacher [ ]

Trade and Industrial Teacher, [ ]  program

Industry Experience (Specify Industry)

**Cancellation:**

Should a conflict arise after receiving confirmation of your 1st choice session date, contact the Office of Career, Technical, and Adult Education. If an alternate date is not suitable, then cancellation must be made at least 8 days prior to the MT1 Certification Course session start date.

Signature:       Date:

**Submit Registration to:**

Virginia Department of Education, Office of Career, Technical, and Adult Education, at lynn.basham@doe.virginia.gov or fax to (804) 530-4560.