Division of Developmental Disabilities Services (DDDS)
Office of Training and Professional Development (TAPD)

CLASS REGISTRATION FORM

NAME	AGENCY	CLASS TITLE	DATE(S)

Submitted by: _____ **(Phone)** _____

Agency: _____ **(Location)** _____

RETURN FAX#

(must have to process): **(** **)** _____

Sussex/ Kent Registrations SUBMIT TO (NO PHONE CALLS):
VIKKI SMITH /FAX# 302-934-1944/ e-mail: victoria.smith@state.de.us