

Department of State Health Services
SPINAL SCREENING CERTIFICATION WORKSHOP

Request for Materials

The following info is needed to receive Spinal Screening Certification Workshop materials:

Trainer's Name Phone Number Email Address	
School/Agency	
Number of Workshop Participants	
Time and Date of Workshop	
Location of Workshop	
Name and Phone Number of Contact (if different than trainer)	
Address where you would like the workshop materials to be mailed: (No P. O. Boxes) Attention:	

To receive workshop materials, please submit this form to Texas Department of State Health Services **at least three weeks prior** to the workshop date.

Email Spinal Materials Requests to: vhssprogram@dshs.texas.gov

If you have questions, please call: **512-776-7420**

For DSHS use only: _____ <i>date workshop</i>
