Submit by Email

ETRDU Registration Application
Education, Training, and Resource Development Unit
Division of Health Wellness and Disease Control
Michigan Department of Community Health

Name: _____

Job Title _____

Organization _____

Contact Email: _____

Contact Phone: _____

Supervisor's Name _____

Are you a supervisor? ☐ Yes ☐ No

Certification/Recertification Date _____ (Most Recent)

Previous Trainings Attended

☐ Module 1 *Date Taken* _____

☐ Module 2 *Date Taken* _____

☐ Module 3 *Date Taken* _____

Please return this application to ETRDU by email at etrdu@michigan.gov

For questions, contact Kimberly Snell at (313) 456-3394 or snellk@michigan.gov.