



Training Request Form

Submit request to DDHH.communications2@dhs.nj.gov or fax to 609-558-2528

Please submit at least 4-6 weeks prior to requested date for training

Organization:	City:
Name of Contact Person:	Title:
Phone Number:	Email Address:

Training Requested (check all that apply):

<input type="radio"/> Deaf and Hard of Hearing Sensitivity Training
<input type="radio"/> Assistive Listening Devices
<input type="radio"/> Overview of Deaf and Hard of Hearing Language Development Services for Children ages 0-5
<input type="radio"/> Overview of DDHH Programs and Services
<input type="radio"/> Law Enforcement Standard Operating Procedures and Sensitivity Training

Number of participants:
Date:
Time:
Location (<i>Virtual or In-Person</i>):

DHS/DDHH Use Only
Date Received: _____
Scheduled For: _____
Communication Team: _____
Approved by Director: _____ Date: _____