

REGISTRATION FORM

Job Coach Training

Sponsored by the Division of Rehabilitation Services and
The University of Tennessee Center on Disability and Employment

Organization _____

~or~ Independent Job Coach Vendor with DRS yes no

Address (City, State, and Zip) _____

Phone _____ Fax _____

E-mail _____

Does your organization have a current Letter of Understanding with the Division of Rehabilitation Services? Yes No

(Main Contact Name) _____

Will main contact person be attending? Yes No

Title _____

Additional Staff Names: (Write on end of form if more space is needed)

Location _____ Date of training _____

ADA Accessibility Request:

Braille Audiotape Large Print Disk (size _____ format _____)

Interpreter (ASL PSE Oral) Assistive Listening Device

Other (please specify) _____

Please return to:

Job Coach Training

Center on Disability and Employment

The University of Tennessee
308 Conference Center Building
Knoxville, TN 37996-4132 TEL: 865-974-9400
FAX: 865-974-9180
E-MAIL: cde@tennessee.edu