



(Office Use Only)

Class Dates: \_\_\_\_\_

# SMART Training Registration

Have you completed SMART Training previously/Are you taking training again as a refresher)?

YES

NO

Trainee Name (please print):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ MI

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Section: \_\_\_\_\_

Subsection: \_\_\_\_\_

Trainee Contact Information (office only; do not include personal contact info)

Office Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office  
Mailing

Address: \_\_\_\_\_

Street

Room/Suite No.

City, State, Zip Code

Office  
Physical

Address: \_\_\_\_\_

(if different)

Street

Room/Suite No.

City, State, Zip Code

I acknowledge that I am personally authorized to use the SMART system. I will not permit anyone else to access SMART using my login credentials. I understand that I am solely responsible for any actions that occur in SMART under my user name.

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

## *Section to be filled out by Trainee's Supervisor*

Does the trainee have permission to use the SMART system to access records for your agency?

YES

NO

Is the trainee temporary or contract personnel?

YES

NO

Trainees are allotted three consecutive business days to take the training. What dates are preferred?

\_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor

Approval: \_\_\_\_\_

Supervisor Signature

Print Name

Date