

MECSH Foundation Training

Welcome to the MECSH Foundation Training Registration. Prior to beginning the registration process, please have the following information available:

1. Proof of Covid 19 Vaccination (screenshot/scan; must be in pdf or jpeg file type that can be uploaded)
2. Planned FTE in MECSH
3. Agency shipping address for materials
4. Date/location of the training you would like to register for
5. Supervisor name and email address
6. Position (HV, Supervisor, Other)
7. Will you be transferring an active caseload to MECSH from a different model?
8. Current caseload transferring to MECSH (if any)
9. Total expected MECSH caseload
10. Main funding source for your FTE in MECSH (you will need this from your supervisor)
11. Will you need Spanish materials for families you serve?

Minnesota Department of Health
Family Home Visiting
85 East 7th Place
PO Box 64882
St. Paul, MN 55164-0882
651-201-5000
health.mecsh@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-5000.

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