

Attachment C4: Site and Trainee Contact Information Request Template
Health Resources and Services Administration (HRSA) Bureau of Health Workforce
Request for Partner Site and Trainee Contact Information

Grantees: Please provide contact information of current trainees. Please do not provide any additional rows as needed.

Grant Program	Training Program Name	Trainee HRSA ID
<i>E.g., Opioid Workforce Expansion Program</i>	<i>E.g., Mental Health First Aid</i>	<i>123456789</i>

e (BHW) - Substance Use Disorder Evaluation

itional information beyond the fields below. To ensure the secure transfer of contact information, pl

Trainee First Name	Trainee Last Name	Trainee Title	Trainee Email
<i>Joe</i>	<i>Smith</i>	<i>Mr.</i>	<u>joe.smith@school.org</u>

ease send this information in a password-protected zip file. Please

Trainee Phone Number

123-456-7890

Trainee Mailing Address

123 First St., Bethesda MD, 20008

**Health Resources and Services Administration (HRSA) Bureau of Health Workforce (BHW)
Request for Partner Site and Trainee Contact Information**

Grantees: Please provide contact information for point(s) of contact (POC) for partner site(s) that have needed.

Grant Program	Training Program Name	Site HRSA ID
<i>E.g., Opioid Workforce Expansion Pro</i>	<i>E.g., Mental Health First Aid</i>	123456789

V) - Substance Use Disorder Evaluation

or have had trainees. Please do not provide any additional information beyond the fields below. To ensure

Site Name

Bethesda Health Clinic

Site POC First Name

Mary

Site POC Last Name

Lee

re the secure transfer of contact information, please send this information in a password-protected zip fil

Site POC Title

Dr.

Site PCO Email

mary.lee@clinic.org

Site POC Phone Number

908-765-54321

e. Please add more rows as

Site POC Mailing Address

123 First St., Bethesda MD, 20008