

Attachment A

**REGISTRATION FOR THE CERTIFIED INVESTIGATOR COURSE
REGISTRATION FOR BECOMING A CERTIFIED INVESTIGATOR BY EXAMINATION ONLY**

This registration form should be completed if (check the one which applies to you):

- You want to take the Certified Investigator Course, or
- You qualify and wish to become a certified investigator by testing out of the course.
(Please read Attachment C for information regarding whether you qualify for testing out before completing this form).

Please register for either taking the course or testing out by faxing your application to LRA at (512) 451-2480. **This fax must be accompanied by Attachment B which verifies your qualifications to become a certified investigator or, where applicable, your qualifications to test out.** LRA will confirm your registration by fax or e-mail including your training session or exam time. If you have any questions regarding the registration process, e-mail LRA at vickicbradley@aol.com or call (800) 382-0063 (access code 03).

**LABOR RELATIONS ALTERNATIVES, INC.
4314 RAMSEY AVENUE
AUSTIN, TEXAS 78756
FAX (512) 451-2480**

I. Identifying and address information (For all applicants who do not work for an agency, please complete just the home address and telephone information below.)

Name (including middle name): _____

Social Security #: _____

Agency: _____ County: _____

Agency Address: _____

Agency Phone #: _____ Agency Fax #: _____

E-mail Address: _____ Job Title: _____

All applicants must provide home address and phone number. If available, please provide the fax number and e-mail address.

Home Address: _____

Home Phone #: _____ Home Fax #: _____

Home E-mail Address: _____

II. Selecting a training course number for those who are registering

Please indicate the number and dates of the training course you wish to attend. Also, be sure to indicate an alternate course number should we be unable to accommodate your first choice. Please consult the Office of Mental Retardation Bulletin, *Announcement of Certified Investigator Training*, Appendix I, for the course schedule when choosing a training course.

First Choice: Training Course #: _____ Dates of the Training Course: _____

Alternate Choice: Training Course #: _____ Dates of the Training Course: _____

III. Selecting an exam session for those who are testing out

Please indicate the number and dates of the training course when you wish to take the exam. Be sure to also indicate an alternate course should we be unable to accommodate your first choice. To choose an exam time, please consult the Office of Mental Retardation Bulletin, *Announcement of Certified Investigator Training*, Appendix I for the course schedule. Remember, the exam will be scheduled at 3:00 p.m. on the Friday of that session.

First Choice: Training Course #: _____ Dates of the Training Course: _____

Alternate Choice: Training Course #: _____ Dates of the Training Course: _____

IV. Maps to training and exam locations

Maps may be found on line at <http://www.omrinvestigators.com> or check below if you do not have access to the Internet and need us to fax or mail you a map.

___ Please fax me a map to the training/testing site.

___ Please mail me a map to the training/testing site.