

**Initial Applicant Orientation Training  
Comprehensive Knowledge Exam Registration Request**

**By submitting this document to the Office of Licensing, you are attesting that you have successfully completed the Initial Applicant Orientation Training in the TRAIN Learning Management System.**

**The Office of Licensing will verify training completion in TRAIN.**

**If approved, the Exam registration details will be sent to the email address on this form.**

**Name of person who completed the Modules in TRAIN and will register to take the Exam:**

Click or tap here to enter text.

**Name of Organization Owner:** Click or tap here to enter text.

**Name of Main Authorized Contact (MAC):** Click or tap here to enter text.

**Provider Name (if applicable):** Click or tap here to enter text.

**Provider Number (if applicable):** Click or tap here to enter text.

**Email Address registered in TRAIN:** Click or tap here to enter text.

**IMPORTANT:** Any participant who submits this form must also provide a copy of a government-issued ID that includes their name and photo. Any other identifying details can be redacted prior to submission. If this is not submitted with your Comprehensive Knowledge Exam Registration Request, your request will not be approved.

**Email this completed document and a copy of your government-issued ID to [OLTraining@dbhds.virginia.gov](mailto:OLTraining@dbhds.virginia.gov)**