

# EDUCATION PROGRAM MAILING COVERSHEET

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INTERNAL DSHS DELIVERY:  
Patient Quality Care – EMS Compliance and QA  
Exchange Building – MC 1979

**\*\*\*TIME SENSITIVE INFORMATION ATTACHED\*\*\***

Please Print Information Below

Legal Entity Name of applicant:	
Applicant's Assumed Name or DBA: (IF APPLICABLE)	
Education Program # (IF APPLICABLE)	
Date of Online Transaction: (IF APPLICABLE)	
Name of Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	

**Mailing:**

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# EDU