



REQUEST FOR LEARNING MANAGEMENT SYSTEM ACCESS (AF-32) COMMUNICATION HEALTH ASSISTANT

This form is used by CSHBC registrants to request Communication Health Assistant (CHA) access to College online learning courses through the CSHBC Learning Management System (LMS)

REQUESTING REGISTRANT INFORMATION

Last name	First name
Email Address	Registration Number
Reserved Title(s)	Employer

COMMUNICATION HEALTH ASSISTANT (CHA) INFORMATION (1)

Last name	First name
Email Address	

COMMUNICATION HEALTH ASSISTANT (CHA) INFORMATION (2)

Last name	First name
Email Address	



COMMUNICATION HEALTH ASSISTANT (CHA) INFORMATION (3)

Last name	First name
Email Address	
	YYYY / MM / DD
Registrant Signature	Date