



Physician Training Completion of Death Certificates

Complete and return this registration to RIDOH's Center for Vital Records by
February 12.

Email to Richard.missaghian@health.ri.gov or fax to 401-222-1348.

Name: _____

Title: _____

Rhode Island medical license number: _____

Address: _____

City: _____ State _____ ZIP: _____

Phone: _____ Fax: _____

E-Mail: _____

Please check the training session you would like to attend.

February 15, 2 p.m.

February 20, 9 a.m.

February 22, 2 p.m.

February 27, 9 a.m.

March 1, 2 p.m.

March 6, 9 a.m.

March 8, 2 p.m.

March 13, 9 a.m.

March 15, 2 p.m.

March 20, 9 a.m.

March 22, 2 p.m.

March 27, 9 a.m.

March 29, 2 p.m.

April 3, 9 a.m.

April 5, 2 p.m.

April 10, 9 a.m.

April 12, 2 p.m.