

TO: MS QA Screening Applicant
FROM: Mississippi Quality Assessment Screening Committee
SUBJECT: Performance Screening

Date of Screening:

February 02, 2019, May 04, 2019, August 03, 2019, November 02, 2019

Location: Hinds Community College
Raymond Campus
Media Center
Raymond, Mississippi 39157

Cost: **\$125.00** made payable to **MS Quality Assessment Screening.**
Your check must accompany the application and be mailed to the contact person for screening to be scheduled. Applicants will receive a letter or email of scheduled time for warm-up and screening just prior to screening date.

Contact Person: Sue Goldman
108 Poplarwood Lane
Saltillo, MS 38866
Phone: (662) 871- 9757(Cell)
Email: dsgoldman@ms.metrocast.com

Sincerely,
MS Quality Assessment Screening Committee

Mississippi Quality Assurance Screening Application

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Previous QA Screening Yes ____ No ____ If So, When _____

Did You Obtain A Level? Yes ____ No ____ If So, When _____

Level Received: _____ **Expiration Date:** _____

Date of Screening:

February 02, 2019, May 04, 2019, August 03, 2019, November 02, 2019

(Please circle the date on which you want schedule your performance screening.)