Iowa Department of Human Services

Iowa Medicaid Provider Services Annual Provider Training Registration

Please select the venue and session you would like to attend. Space is limited.

First Name	Last Name	
Business Address		
City	State	Zip
Telephone	Date of Birth	
Contact Email		
NPI	Provider's Organization Name	

Provider Type
Please choose a provider type

Schedule of Annual Training Workshops

Workshop Locations, Dates, and Times
REGISTRATION FOR THE ANNUAL PROVIDER TRAINING IS NOW CLOSED

Are there any questions you have about the upcoming changes you would like addressed during the session? We will try to accommodate as many as we are able. Thank you.

After completing this registration form, please submit the form as an email attachment by clicking on the "SUBMIT" button below.

SUBMIT

This registration form may also be submitted:

By Fax: (515) 725-1155
By Mail: Provider Correspondence
PO Box 36450
Des Moines, IA 50315

For inquiries, please send an email to ProviderServicesTraining2@dhs.state.ia.us.