

PTT Learning Center Registration Profile

Please use this form to:

1. Update your PTT Learning Center profile information; or
2. Submit information to create your PTT Learning Center profile.

NOTE: If you are a W-2 New Worker, please use the New Employee Profile Form instead of this form.

Email, Mail or FAX this completed form to:

UW-Oshkosh CCDET
Attn: Registration Staff
800 Algoma Blvd.
Oshkosh, WI 54901
FAX 920-424-1112
regstaff@uwosh.edu

Date this profile is submitted: _____

Update my profile

Create a new profile

Please TYPE all responses

Please complete the required fields, and all other information as appropriate.

If you have any questions, please call the Registration staff at 920-424-1071, or email regstaff@uwosh.edu

Employee Information (*Required Fields)

*First Name: _____ M.I. ____ *Last Name: _____

*PTT Learning Center logon ID (if known): _____ Other Name Used: _____

*Last 4 digits of Social Security Number: _____

Position Title: _____

*Agency Name: _____

*Agency Address: _____
(street, city, state, zip)

*Phone: _(_____) _____ Fax: _(_____) _____

*Email: _____ CARES/KIDS ID: (If known) _____

Contact Person / Approver (person who receives information regarding training opportunities and registration notices)

Name: _____ Phone: _____

Email: _____ Fax: _____

Supervisor / Manager

Name: _____

Email: _____

ATL (Agency Training Liaison) or Agency Trainer

Name: _____

Email: _____

What is the new employee's agency type? Choose one.

- ☐ Child Care Only
- ☐ Child Care and IM Agency
- ☐ Child Care Certification
- ☐ Children First Agency
- ☐ Child Support Agency
- ☐ W-2 Agency
- ☐ W-2 and FSET Agency
- ☐ Tribal Agency

- ☐ Contract Agency / Program Provider
- ☐ State
- ☐ Other: _____