

Wisconsin Functional Screen Information System

Adult Long Term Care Functional Screen

Issue Date: March 1, 2023

Topic: Registering for the Adult LTCFS Certification and Audit Courses

Purpose: This document explains how to register for the Adult LTCFS Certification or Audit Course.

Note: Generally, only staff who are employed at an approved screening agency may register for the Adult LTCFS Certification and Audit Courses. If you are interested in taking the Adult LTCFS Audit Course and are not employed at an approved screening agency, approval is required by DHS. Your screen liaison or their designee will determine which course you should register for. The table below may be used to determine which course staff should register for.

Certification Course	Audit Course
<ul style="list-style-type: none"> Staff who need to complete the LTCFS as part of job role at an approved screening agency. Staff need to meet educational and experience requirements. 	<ul style="list-style-type: none"> Staff at an approve screening agency who need basic knowledge about the LTCFS as part of their job role but do NOT need to complete the LTCFS. Staff do NOT need to meet educational or experience requirements.

1. Obtain your agency's login ID and information about which course you should register for from your agency's screen liaison or their designee.
2. Click on the link below.
https://oshkosh.co1.qualtrics.com/jfe/form/SV_42QR5zPW7dImJq6
3. Click the **Register** button to proceed.



Welcome to the Wisconsin DHS Functional Screener Learning Center registration. You will need your agency's screen liaison ID in order to register for the Functional Screener Learning Center.

Please click the Register button to complete the registration process.



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4. Enter your agency's login ID. Click the arrow button to proceed.



Please log in.

Enter Your Screening
Agency's Login ID



5. Enter your name, agency email address, and telephone number. Click the **Next** button to proceed.



First Name

Middle Initial

Last Name

Email Address

(Please use the email associated with your agency, not a personal email)

Phone Number (use the format 608-555-5124)





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6. Review that your agency information is correct. If the agency name listed is incorrect, please contact your screen liaison before proceeding to verify that you have the correct Agency ID. If the information listed is correct, click the **Next** button to proceed.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Below is a summary of your agency's information.

Agency Name: **State of Wisconsin**

Agency County: **Dane**

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Next

Note: If your agency has multiple addresses or is in multiple counties, you may see a county that you do not work in. You may disregard this and click the **Next** button to continue.



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7. Verify that your screen liaison's information is correct. If the information listed is incorrect, please contact your screen liaison before proceeding. If the information listed is correct, click the **Next** button to proceed.



Below is your Screen Liaison's information:

Liaison First Name: **Linda**

Liaison Last Name: **Liaison**

Liaison Phone: **414-432-4343**

Liaison Email: **DHSLTCFSTeam@dhs.wisconsin.gov**

If the above information is incorrect, please have your screen lead or screen liaison contact UW-Oshkosh registration staff at regstaff@uwosh.edu

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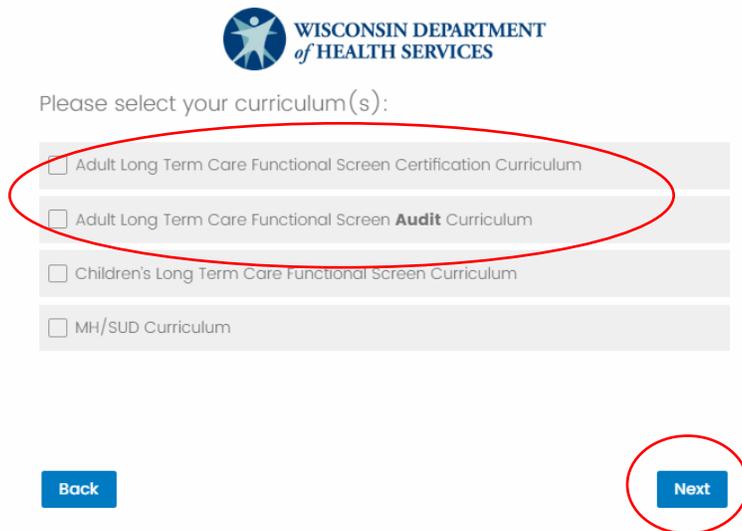
Next

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8. Select your curriculum. Click the **Next** button to proceed.



The screenshot shows the Wisconsin Department of Health Services logo at the top. Below it, the text reads "Please select your curriculum(s):". There are four radio button options, each in a light gray box. The first option, "Adult Long Term Care Functional Screen Certification Curriculum", is circled in red. The second option, "Adult Long Term Care Functional Screen **Audit** Curriculum", is also circled in red. The other two options are "Children's Long Term Care Functional Screen Curriculum" and "MH/SUD Curriculum". At the bottom of the form, there are two blue buttons: "Back" on the left and "Next" on the right. The "Next" button is circled in red.

Note: You may only select one curriculum. Please contact your screen liaison if you are unsure which curriculum you should select.

Note: If you are registering for Adult LTCFS Functional Screen **Audit** Curriculum you will need to answer the following prompt before you can proceed. Most individuals who are registering for the audit curriculum should select the "I require a basic understanding of the LTCFS for my job role." option listed below. If you are registering for the audit curriculum for another reason, you must provide an explanation in the text box provided in order to proceed.

If you are registering for the Adult Long Term Care Functional Screen Audit Curriculum, please explain why you need the course.

I require a basic understanding of the LTCFS for my job role.

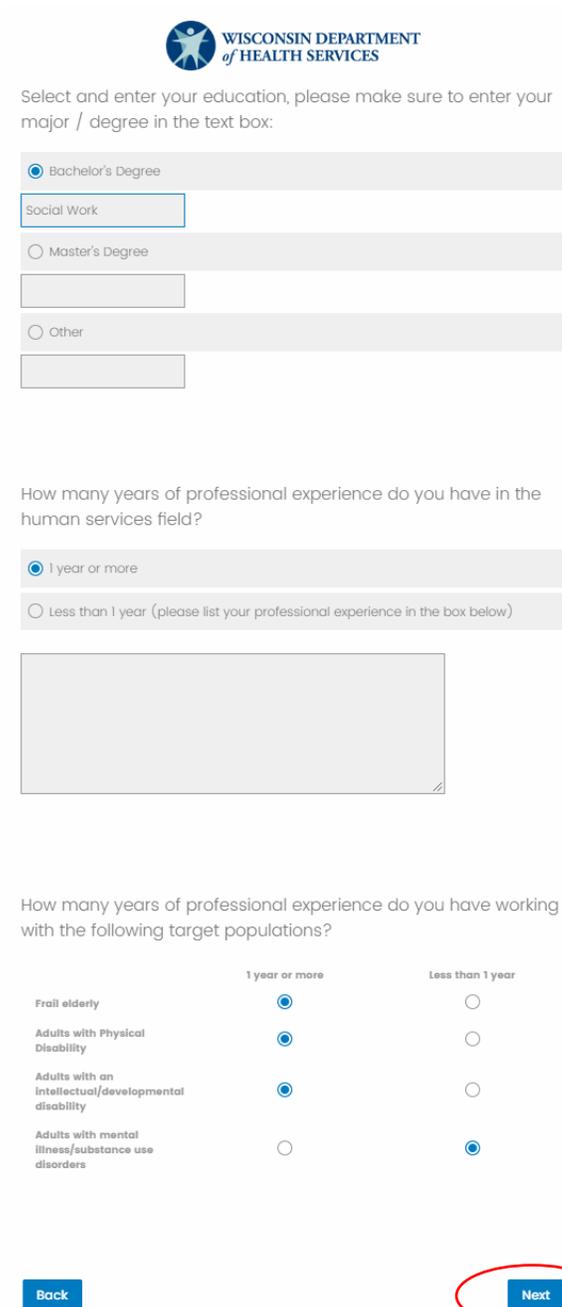
I am registering for another reason. Please explain:

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9. Enter information regarding your education and professional experience. Click the **Next** button to proceed.



The screenshot shows a web form for the Wisconsin Department of Health Services. It contains three sections: education selection, years of professional experience, and experience with target populations. The 'Next' button is circled in red.

WISCONSIN DEPARTMENT
of HEALTH SERVICES

Select and enter your education, please make sure to enter your major / degree in the text box:

Bachelor's Degree
Social Work

Master's Degree

Other

How many years of professional experience do you have in the human services field?

1 year or more

Less than 1 year (please list your professional experience in the box below)

How many years of professional experience do you have working with the following target populations?

	1 year or more	Less than 1 year
Frail elderly	<input checked="" type="radio"/>	<input type="radio"/>
Adults with Physical Disability	<input checked="" type="radio"/>	<input type="radio"/>
Adults with an Intellectual/developmental disability	<input checked="" type="radio"/>	<input type="radio"/>
Adults with mental illness/substance use disorders	<input type="radio"/>	<input checked="" type="radio"/>

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- Review the user agreement. If you agree, electronically enter your signature using your mouse or computer/mobile device and type your full name. Click the **Electronically Sign** button to proceed.



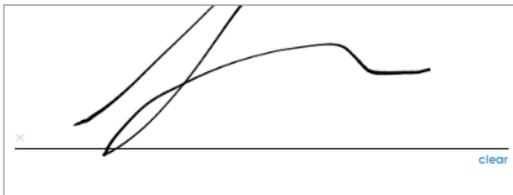
The Department of Health Services (DHS) functional screener certification courses are mandatory for all individuals seeking certification to administer the Adult Long Term Care Functional Screen, Children's Long Term Care Functional Screen or Mental Health/SUD Functional Screen.

The online courses are an important tool in ensuring that screeners have a satisfactory base of knowledge of the course content. Each course is comprised of a series of modules and exam(s), which must be completed in order. The minimum acceptable score that must be achieved in order to pass the online courses is 80% for each exam.

Due to the importance of the functional screen, DHS requires that you complete each test module individually. Group testing is not allowed, nor is consultation or comparison of answers with others while taking the tests.

Should DHS determine that you have acted in a manner that compromises the integrity of this course or testing, the Department may revoke your certification and/or access to the Functional Screen Information Application (FSIA) at any time.

Please use your mouse or computer / mobile device to electronically sign confirming and that you agree to the above.



Please type your full name below

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Electronically Sign



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11. Review the summary of information that you have entered for accuracy. If any information was entered incorrectly, you may click on the **Back** button to update your information. Click the **Submit Registration** button to submit your request to UW-Oshkosh for processing.



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of HEALTH SERVICES

Below is a summary of your registration. Please review your information and if you need to update any information please click the back button. If your information is correct please click the **Submit** button to submit your registration.

Name: Suzie Screener

Agency Name: State of Wisconsin

Email Address: suzie.screener@agency123.com

Phone Number: 414-987-6543

Agency County: Dane

Screen Liaison: Linda Liaison

Screen Liaison Email: DHSLTCFSTeam@dhs.wisconsin.gov

Curriculum(s) Selected: Adult Long Term Care Functional Screen Certification Curriculum

Education: Social Work

Professional Experience: 1 year or more

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[Submit Registration](#)



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12. After submitting your request, you will see a confirmation window that looks like this.



Thank you for submitting your Functional Screener profile.
We will process your registration and you will receive an email with your login ID and instructions to access the curriculum you have selected within 2 business days.

If you have any questions about your registration please contact us at
regstaff@uwosh.edu

13. Within two business days, you will receive an email from UW-Oshkosh that contains your login ID and instructions to access your curriculum. If you do not receive the email or have questions about your registration, please contact UW-Oshkosh at regstaff@uwosh.edu.