

DHS Functional Screener Learning Center

2014 Continuing Skills Test Individual Registration

Please TYPE or PRINT all responses legibly. All sections of the form are mandatory.

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

Employee Information

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

Other Name Used: _____

Last 4 Digits of SSN: _____

Position Title: _____

Work Phone: _____ Fax: _____

Work Email: _____

Agency Name: _____

Agency Address: _____

(street, city, state, zip)

Supervisor Information

Name: _____

Phone: _____

Email: _____

Select your primary role in the agency. Choose one.

☐ Functional Screener

☐ Screen Liaison

☐ Screener Supervisor

☐ Screen Quality Assurance

☐ DHS State Staff

☐ Other: _____

Education / Professional Credentials

☐ BA or BS (Bachelor of Arts or Science)

Major Field of Study: _____

☐ BSW (Bachelor of Social Work)

☐ MSW or MSSW (Master of Social Work)

☐ BSN (Bachelor of Science Nursing)

☐ RN (Registered Nurse)

☐ QIDP (Qualified Intellectual Disabilities Professional)

☐ Other: _____

Professional Experience (*Describe your experience and specify number of years of experience working with the Adult Long Term Care target group*)

Select *all* program categories that are part of your daily job duties. Select all that apply.

Adult Long Term Care

- ☐ Aging and Disability Resource Center
☐ Family Care, Partnership or PACE
☐ HCBW programs (COP, COP-W, CIP, BIW)
☐ IRIS
☐ Adult Protective Services

2014 Adult Functional Screen Continuing Skills Test Registration

To register for the 2014 CST, select the box below. If you are unsure about whether you were registered for the 2014 CST by your screening agency, contact your supervisor or screen liaison.
Functional Screen Learning Center Registration.

☐ 2014 Adult Long Term Care Functional Screen Continuing Skills Test

Signature: _____

Date Signed: _____

Supervisor Name: _____

Supervisor Signature: _____

Date Signed: _____

(Required to process Account Registration Request. If you are a certified screener who is not currently employed by a screening agency, email Kathleen Luedtke at Kathleen.Luedtke@dhs.wisconsin.gov.)

The signed Account Registration form can be Mailed, FAXed, or Scanned/Emailed to:

UW-Oshkosh Center for Career Development
Attn: Registration Staff
800 Algoma Blvd.
Oshkosh, WI 54901
FAX: 920-424-1112
ptsreg@uwosh.edu