

# 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](mailto: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)**

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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](mailto: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](mailto:ptsreg@uwosh.edu)