## DHS Functional Screener Learning Center Account Registration Request

Please print and complete the following information and have your Supervisor or Agency Screen Liaison sign the form. This information will be used to register for the Functional Screen Learning Center, only.

**NOTE:** The Department of Health Services (DHS) provides this course for individuals who are authorized by a screening agency that is under contract with DHS, only.

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

UW-Oshkosh CCDET Attn: Registration Staff 800 Algoma Blvd. Oshkosh, WI54901 FAX:920-424-1112 regstaff@uwosh.edu

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 <u>regstaff@uwosh.edu</u>.

Employee Information		
First Name:	M.I	Last Name:
Other Name Used:	_	
_ast 4 Digits of SSN:		
Position Title:		
Nork Phone:	Fax:	
Nork Email:		
Agency Name:		
Agency Address:		
(street, city, state, zip)		
Supervisor Information		
- Name:		
<sup>D</sup> hone:		
Email:		
Select your primary role in the agency. Choos Functional Screener Screen Liaison	se one.	Education / Professional Credentials BA or BS (Bachelor of Arts or Science) Major Field of Study: BSW (Bachelor of Social Work)
<ul> <li>Screener Supervisor</li> <li>Screen Quality Assurance</li> <li>DHS State Staff</li> <li>Non-Screener Care Manager (either SW or F Other:</li> </ul>		<ul> <li>BSW (Bachelor of Social Work)</li> <li>MSW or MSSW (Master of Social Work)</li> <li>BSN (Bachelor of Science Nursing)</li> <li>RN (Registered Nurse)</li> <li>QIDP (Qualified Intellectual Disabilities Professional)</li> <li>Other:</li></ul>
Professional Experience (Describe your exp	erience and	

## 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 IRIS Adult Protective Services Mental Health/AODA Community Support Program Comprehensive Community Services Community Recovery Services	Children's Long Term Support Children's LTS Waiver Program Children's Community Options Program Community Recovery Services Comprehensive Community Services Katie Beckett Program Mental Health Wraparound Services	
<i>Functional Screen Certification Curriculums</i> Select the Training course(s) for which you are requesting certification. Put an X next to the course(s) you are required to complete to perform your job function. You will be assigned all curriculums that are checked. If you are unsure which courses(s) to choose, please contact the DHS SOS Help Desk at 608-266-9198 or DHSSOSHelp@wisconsin.gov.		
<ul> <li>Adult Long Term Care Functional Screen Certifica</li> <li>Adult Long Term Care Functional Screen AUDIT C</li> <li>Children's Long Term Support Functional Screen C</li> </ul>	Course*, **	

Mental Health/SUD Functional Screen Certification Course

\*If you are requesting to register for the Adult Long Term Care Functional Screen Certification Course, please specify the number of years of professional experience you have working with the target populations below.

Years of experience - Frail elderly

Years of experience – Adults with physical disability

Years of experience – Adults with an intellectual/developmental disability

\_ Years of experience- Adults with mental illness/substance use disorders

\*\*If you are requesting to register for the Adult Long Term Care Functional Screen AUDIT course, please indicate in the box below why you feel you need the AUDIT course. This should include information about your job duties related to the Adult Long Term Care Functional Screen.

## IMPORTANT-READ CAREFULLY

Before you can begin this training you must read the following acknowledgement.

The Department of Health Services (DHS) functional screener certification courses are mandatory for all individuals seeking certification to administer the Adult Long Term Care, Children's Long Term Support or Mental Health/AODA 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, which must be completed in order. Each module contains an Exam. The minimum acceptable score that must be achieved in order to pass the online courses is 80% for each module.

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.

BY SIGNING BELOW: I have read, understand and will abide by the DHS terms for completion of the screener certification course(s).

Signature:	
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Date Signed: \_\_\_\_\_

Supervisor Name:	

Date Signed: \_\_\_\_\_