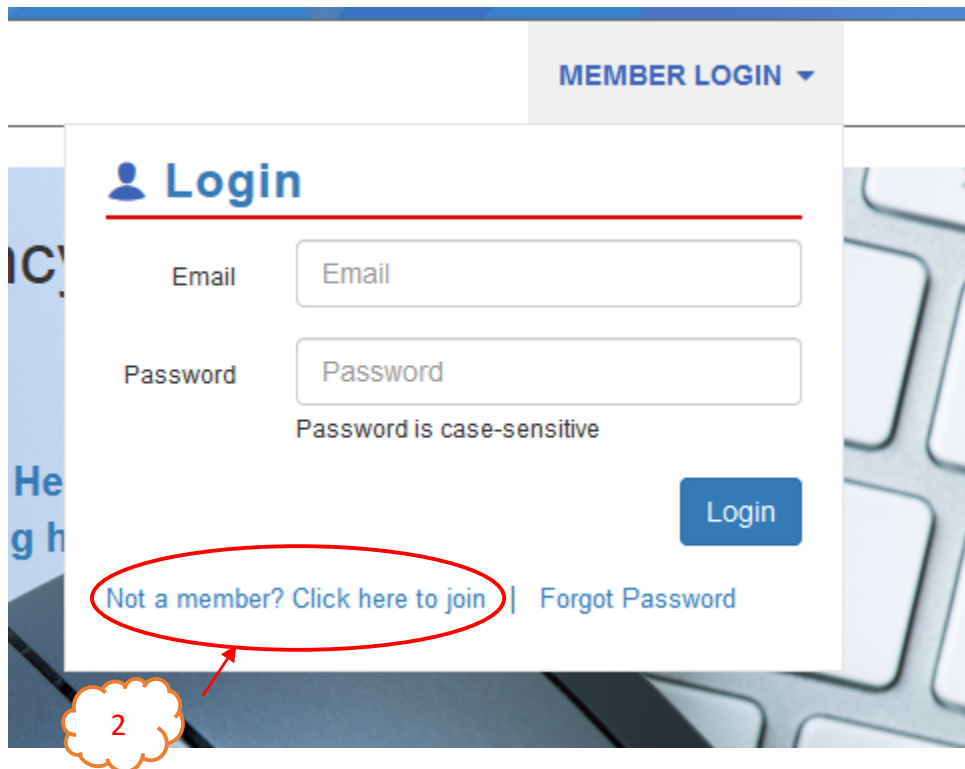


## How to Register for DWC Trainings

1. Go to <https://www.dwctraining.com>
2. On the home page, **hover over** the 'Member Login' heading. A box will drop down which will allow you to access the **Login** menu. Then, click on the link 'Not a member? Click here to join.'



3. On the next page, **fill out all the required fields**. Required fields are marked by a red asterisk (\*)

## Step 1 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

### Personal Information

Legal First Name \*

As it appears on your state-issued identification card or license.

Legal Last Name \*

As it appears on your state-issued identification card or license.

Date of Birth \*

Example: 23 February 1983

3

(cont on next page)

## How to Register for DWC Trainings

The registration form includes the following fields and options:

- Email \* (text input)
- Confirm Email \* (text input, note: Must be a valid email address. [Get your own email](#))
- Password \* (text input, note: Password must: 1) be at least 8 characters, 2) contain both upper and lower case, 3) contain both letters and numbers. Password is case-sensitive.)
- Confirm Password \* (text input)
- Highest Degree Earned \* (dropdown menu: Please select...)
- Ethnicity \* (dropdown menu: Please select...)
- Gender \* (dropdown menu: Please select...)
- Which languages do you speak fluently? (checkboxes): Albanian, Arabic, Bengali, Chaldean, Chinese, English (checked), Filipino, French, German, Greek, Hebrew, Hindi, Italian, Japanese, Korean, Polish, Portuguese, Punjabi, Russian, Serbo-Croatian, Spanish, Syriac, Tagalog, Vietnamese.
- Other Languages Spoken (text input)
- Are you certified to conduct \* language interpretation? (radio buttons: Yes, No)
- Do you know American \* Sign Language (ASL)? (radio buttons: Yes, No)
- Cell Phone \* (text input: ### ## ###)
- Cell Phone Confirm \* (text input: ### ## ###)
- Best number to reach you ### ## ###

A cloud icon labeled '3' is positioned in the center, with red arrows pointing to the Email, Confirm Email, Password, Confirm Password, Highest Degree Earned, Ethnicity, Gender, Cell Phone, and Cell Phone Confirm fields.

4. Once all required fields are completely filled out, click **'Next Step'** to continue.

The continuation of the registration form includes the following fields and options:

- Phone Other (text input: ### ## ###)
- Phone Other Confirm (text input: ### ## ###, note: ### ## ### or you can use ext ### ## ### x#..)
- Emergency Contact Name \* (text input)
- Emergency Contact Number \* (text input: ### ## ###, note: ### ## ### or you can use ext ### ## ### x#..)

A cloud icon labeled '3' is positioned on the left, with red arrows pointing to the Phone Other Confirm and Emergency Contact Name fields. A cloud icon labeled '4' is positioned on the right, with a red arrow pointing to a blue button labeled 'Next Step' which is circled in red.

## How to Register for DWC Trainings

- On the next page, select the '1' under 'How many organizations employ you?'

**Step 2 of 8**

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement. \* Required Field

**How many organizations employ you?**

0  1  2  3

5

- Under **Employer County**, select 'Oakland.' Scroll down under 'Organization' and find 'Expert Care.' Under 'Organization Address,' select '210 Town Center Dr, Troy, Michigan 48084.'

**Employment Information**

Employer country \*  
United States

Employer State \*  
Michigan

Employer county \*  
Oakland

Organization \*  
Evergreen Counseling  
Evergreen Health & Living Center  
Evolutionary Interventions  
Excellacare  
Excellacare Home Health Care  
Excellent, Inc.  
Expert Care

Organization Address \*  
Please select employer address  
1707 W. Big Beaver, Troy, Michigan, 48064  
[Bower Enterprises] 210 Town Center Dr., Troy, Michigan, 48084  
Other - Please fill out the address below

6

- Under **Job Category for this Employer**, check the box next to 'Direct Care/Community Health Worker.'

**Job Category for this Employer \*** Select all that apply

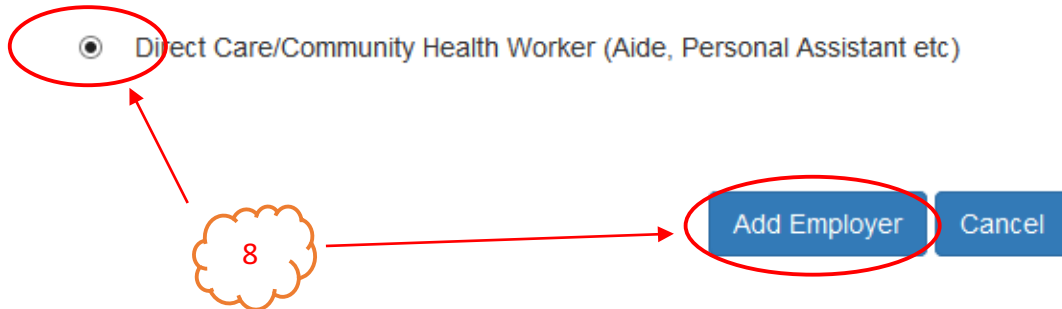
Category
<input type="checkbox"/> Administrative (management, executive)
<input type="checkbox"/> Adult Foster Care Home Operator
<input type="checkbox"/> Dietician/Nutritionist
<input checked="" type="checkbox"/> Direct Care/Community Health Worker (Aide, Personal Assistant etc)
<input type="checkbox"/> Director

7

## How to Register for DWC Trainings

8. Scroll down, then under 'Primary Job Category', select 'Direct Care/Community Health Worker.' Then, click 'Add Employer.'

Primary Job Category \*



9. Once ExpertCare has been added under 'Employment Information,' click on 'Next Step.'

## Step 2 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

\* Required Field

### How many organizations employ you?

0  1  2  3

### Employment Information

Name	Address	Job Category	Is Primary	Action
Expert Care	[Bower Enterprises] 210 Town Center Dr., Troy, Michigan, 48084	Direct Care/Community Health Worker (Aide, Personal Assistant etc)	No	<a href="#">Edit</a> <a href="#">Delete</a>

Previous Step Next Step

## How to Register for DWC Trainings

10. Under the **'Service Type,'** select **'Community Living Services (CLS)'** and/or **'Respite Care Services,'** as appropriate. Then, select **'Next Step.'**

### Service Type <sup>\*</sup> (You must check at least one)

<input type="checkbox"/> Administration	<input type="checkbox"/> Medication Assisted Mental Health Individual & Group Therapy
<input type="checkbox"/> Assertive Community Treatment (ACT)	<input type="checkbox"/> Nursing/Private Duty Nursing
<input type="checkbox"/> Autism Services/Applied Behavioral Analysis	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Behavioral Healthcare Group/Private Practice	<input type="checkbox"/> Opioid/Methadone Treatment Program
<input type="checkbox"/> Case Coordination	<input type="checkbox"/> Parent Management Training-Oregon (PMTO)
<input type="checkbox"/> Case Management	<input type="checkbox"/> Peer Support Specialist
<input type="checkbox"/> Child Mental Health Professional (CMHP)	<input type="checkbox"/> PeerDirected/Consumer-Peer Recovery Support
<input type="checkbox"/> Clubhouse/Psychosocial Rehabilitation	<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Co-Occurring Treatment	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Community Employment Services	<input type="checkbox"/> Prevention Services
<input checked="" type="checkbox"/> Community Living Services (CLS)	<input type="checkbox"/> Qualified Intellectual Disabilities Professional (QIDP)
<input type="checkbox"/> Community Living Support	<input type="checkbox"/> Qualified Mental Health Professional (QMHP)
<input type="checkbox"/> Community Mental Health/Wraparound (CMH/WRAP)	<input checked="" type="checkbox"/> Respite Care Services
<input type="checkbox"/> Intensive Crisis Stabilization	
<input type="checkbox"/> Juvenile Justice (JJ)	

10

Previous Step Next Step

11. Under the **'Population Served'** heading, check off all populations that apply to your consumer. For example, if you are working with an Intellectually and/or Developmentally Delayed Adult or Child, select both **'I/DD Adult'** and **'I/DD Child.'**

### Population Served <sup>\*</sup> (You must check at least one)

Population Group	
<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Dual Eligibles	
<input type="checkbox"/> Early Childhood	
<input checked="" type="checkbox"/> I/DD Adult	11
<input checked="" type="checkbox"/> I/DD Child	
<input type="checkbox"/> Juvenile Justice	
<input checked="" type="checkbox"/> MI Adult	
<input checked="" type="checkbox"/> MI Child	

## How to Register for DWC Trainings

12. Under the **'Primary Population Group'** heading, select the option that most applies to you. Then, select **'Next Step.'**

### Primary Population Group \*

I/DD Adult

I/DD Child

MI Adult

MI Child

12

Previous Step | Next Step

13. The next step will prompt you to enter your Professional License Number. If applicable, you may enter your License credentials during this section. For CLS/Respite, select **'No.'** Then, click on **'Next Step.'**

## Step 5 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

### Do you have a Professional License Number? \*

Yes  No

13

Previous Step | Next Step

## How to Register for DWC Trainings

14. The next step will prompt you to enter any Certificates & Certifications. **This section is optional.** If applicable, you may enter any certifications you may have. **Otherwise, select "Next Step."**

### Step 6 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

#### Certificates & Certifications (Check all that apply)

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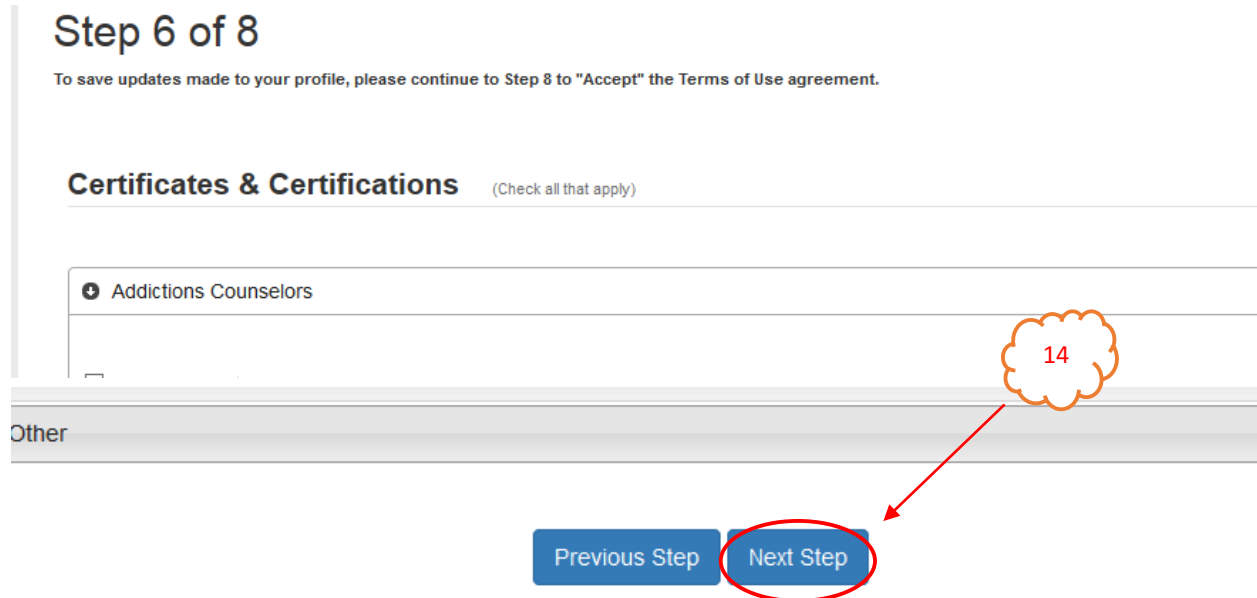
Addictions Counselors

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Other

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[Previous Step](#) [Next Step](#)



15. The next page will ask about any special requests you may have if you were to attend a DWC event. **This section is optional.** To skip this step, select "Next Step."

### Step 7 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

**Any special requests to enable your participation in DWC events?**  
(Check all that apply)

#### Dietary Restrictions

Gluten Intolerant

Kosher Meal

#### Other

Other? Please specify:

[Previous Step](#) [Next Step](#)



## How to Register for DWC Trainings

16. Review the **Contractual Agreement**, then check the box next to 'I **“ACCEPT”** the Terms of Use.' Then, click on **'Save Profile.'**

### Step 8 of 8

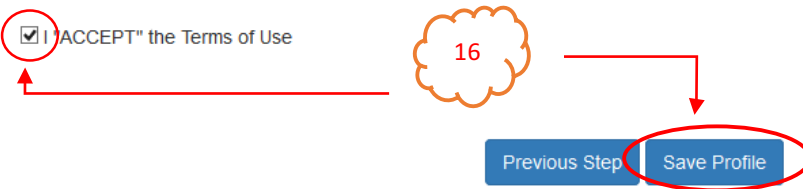
To save updates made to your profile, please continue to "Accept" the Terms of Use agreement.

\* Required field

#### Contractual Agreement

evaluation partners of the Virtual Center of Excellence. Federal law, specifically 20 USCA 1232g, may prohibit us from sharing this information to the above listed entities without your permission. For more information regarding your rights under federal law we strongly encourage you to review the federal act.

Neither agreement to participate in a DWC survey nor registration for an event is consent to receive correspondence concerning unrelated material. Consent to receive correspondence concerning other DWC material is evidenced by a person or entity "accepting" these terms of use. In order to opt out of the DWC mailing list, a person or entity must "unsubscribe" to the emails using the link at the bottom of said promotional emails. Those who wish to cease receiving such materials may indicate their choice by clicking on the "Unsubscribe Here" link within the undesired email. DWC agrees to send DWMHA-related correspondence only to those persons and entities who currently consent to receive it. Automatic emails in response to your activity on the DWMHA website are not included in this "opt out" option. Correspondence generated in response to event registration and other interaction with the website will still be sent.



17. You will now be registered and able to complete the online trainings on the DWC website! Print this page for future reference and click on **'Log-In'** to begin your DWC online trainings.

Thank you,

Your profile has been received.

#### Your Log-In Information

User Email: c

User Password: E

Membership type: Free

Today's Date: 09/05/2018

Please print this page for future reference.

