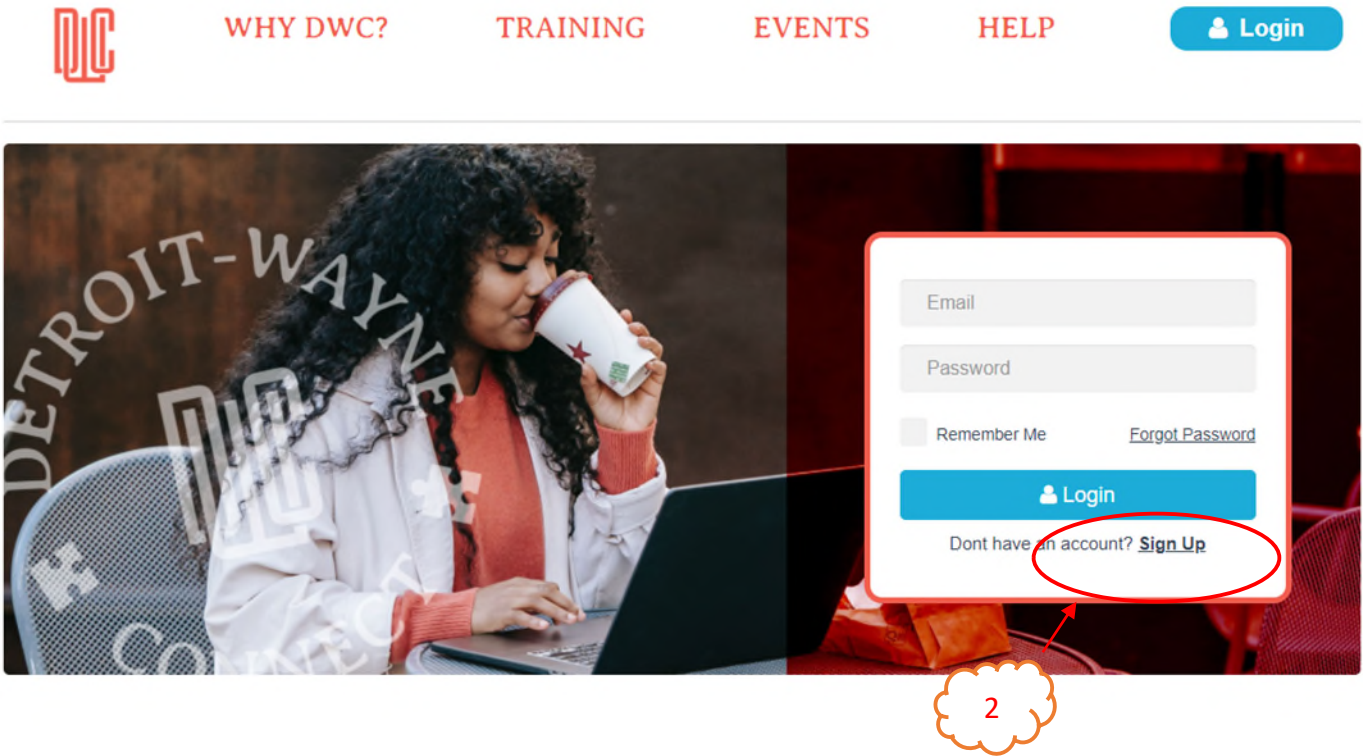


## How to Register for DWC Trainings

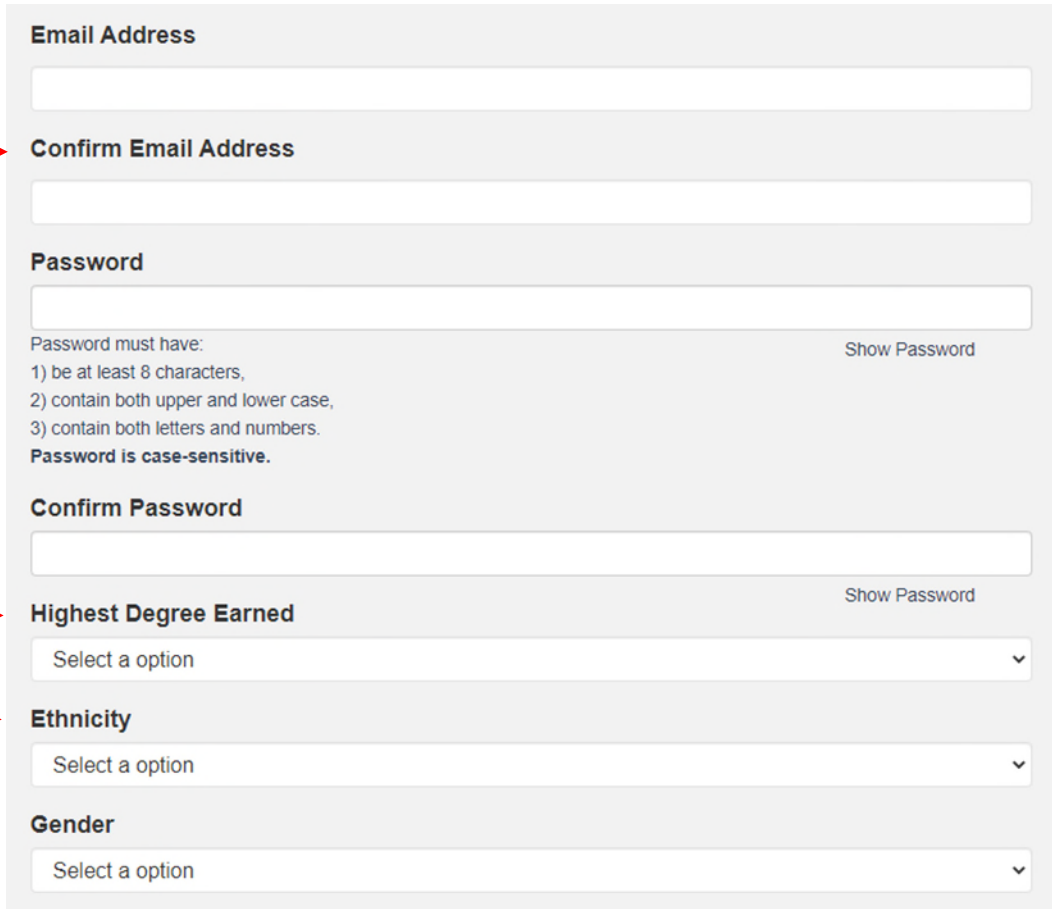
1. Go to <https://www.dwctraining.com>
2. On the home page, click **Sign Up** under the 'Login' button.



3. On the next page, fill out all fields.

The image shows a 'SIGNUP FORM' with three main input fields. The first field is labeled 'Legal First Name' and is circled in red. Below it is the instruction 'As it appears on your state-issued identification card or license.' The second field is labeled 'Legal Last Name' and is also circled in red, with the same instruction below it. The third field is labeled 'Year of Birth' and is circled in red; it is a dropdown menu currently showing 'Year'. A cloud-shaped callout containing the number '3' has three red arrows pointing to each of these three fields.

## How to Register for DWC Trainings



**Email Address**

**Confirm Email Address**

**Password**

Password must have:  
1) be at least 8 characters,  
2) contain both upper and lower case,  
3) contain both letters and numbers.  
**Password is case-sensitive.**

Show Password

**Confirm Password**

Show Password

**Highest Degree Earned**

Select a option

**Ethnicity**

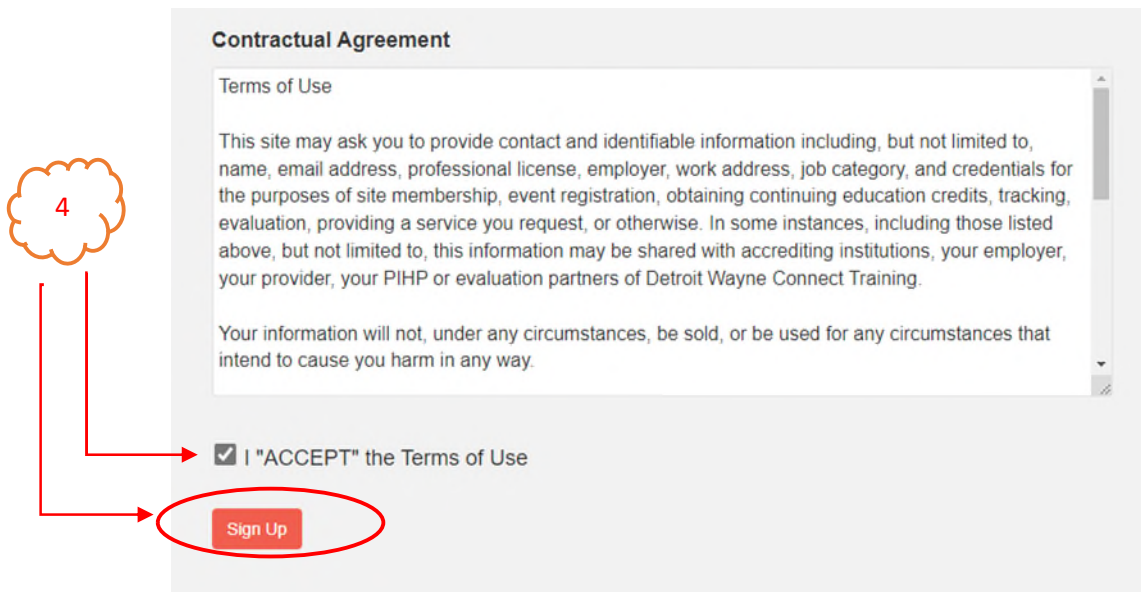
Select a option

**Gender**

Select a option

A cloud containing the number 3 has red arrows pointing to the Email Address, Confirm Email Address, Password, Confirm Password, Highest Degree Earned, Ethnicity, and Gender fields.

4. Once all fields are filled out, review the DWC contractual agreement, click the check box next to **'I Accept the terms of use'** then click **'Sign Up'** to continue.



**Contractual Agreement**

Terms of Use

This site may ask you to provide contact and identifiable information including, but not limited to, name, email address, professional license, employer, work address, job category, and credentials for the purposes of site membership, event registration, obtaining continuing education credits, tracking, evaluation, providing a service you request, or otherwise. In some instances, including those listed above, but not limited to, this information may be shared with accrediting institutions, your employer, your provider, your PIHP or evaluation partners of Detroit Wayne Connect Training.

Your information will not, under any circumstances, be sold, or be used for any circumstances that intend to cause you harm in any way.

I "ACCEPT" the Terms of Use

**Sign Up**

A cloud containing the number 4 has red arrows pointing to the checkbox and the Sign Up button.

## How to Register for DWC Trainings

5. After clicking **'Sign Up'** you will be taken to a confirmation page. **Please write down or print your log-in info for future use** then click **'Log-in'**

**SIGNUP THANK YOU**

Thank you,

**Your Profile Log-In Information**

ID	[REDACTED]
Name	[REDACTED]
Email	[REDACTED]
Password	Show Password
Signup	01/04/2022

Please print this page for future reference.



6. After clicking **'Log-in'** you will be asked to provide your employers information. If you are only working for ExpertCare: under **'How many organizations employ you?'** click the bubble next to the number 1. For **Employer County**, select **'Oakland'** (Do not choose Wayne County). Scroll through **'Organization'** and select **'ExpertCare Management Services'** Under **'Organization Address,'** select **'[ExpertCare Management Services] 210 Town Center Dr, Troy, Michigan 48084.'** Then, click yes or no to the question **'Is this your primary employer?'**

**MY EMPLOYERS**

**Log-In**

**How many organizations employ you?**

0  1  2  3

**Employment Information Add/Edit**

Employer country \*

United States

Employer State \*

Michigan

Employer county \*

Oakland

Organization \*

Excillacare  
Excellacare Home Health Care  
Executech Staffing  
Expert Care  
ExpertCare Management Services  
Fair Inc.  
Faith AFC Inc.

Organization Address \*

Please select employer address  
1101 W. Big Beaver Road, Troy, Michigan, 48084  
[ExpertCare Management Services] 210 Town Center Dr., Troy, Michigan, 48084  
Other - Please fill out the address below

Is this your primary employer?  Yes  No (i.e., where you work the most hours)

## How to Register for DWC Trainings

7. Under **'Job Category for this Employer,'** check the box next to **'Direct Care/Community Health Worker.'** Then click the bubble under **'Primary Job Category.'** And click the **'Add Employer'** button.

Job Category for this Employer \* Select all that apply

Category	Category
<input type="checkbox"/> Administrative (management, executive)	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Adult Foster Care Home Operator	<input type="checkbox"/> Physical Therapist (PT)
<input type="checkbox"/> Audiologist	<input type="checkbox"/> Physical Therapy Assistant
<input type="checkbox"/> Behavior Health Coordinator	<input type="checkbox"/> Physician (MD or DO)
<input type="checkbox"/> Board Director/Trustee	<input type="checkbox"/> Physician Assistant (PA)
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Placement Coordinator
<input type="checkbox"/> Certified Addiction Counselor	<input type="checkbox"/> Prevention Educator
<input type="checkbox"/> Certified Advanced Addictions Counselor	<input type="checkbox"/> Prevention Specialist
<input type="checkbox"/> Certified Peer Support Specialist	<input type="checkbox"/> Professional Counselor
<input type="checkbox"/> Certified Rehabilitation Counselor	<input type="checkbox"/> Program Assistant
<input type="checkbox"/> Clinician/Case Manager (YAP)	<input type="checkbox"/> Program Manager
<input type="checkbox"/> Consumer (Receiver of Services)	<input type="checkbox"/> Program Operations Coordinator
<input type="checkbox"/> Consumer Advocate	<input type="checkbox"/> Program Operations Specialist
<input type="checkbox"/> Corporate Compliance Officer	<input type="checkbox"/> Program Supervisor
<input type="checkbox"/> Crisis Counselor	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Department of Human Services Worker	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Dietician/Nutritionist	<input type="checkbox"/> Quality Information Analyst
<input type="checkbox"/> Direct Care/Community Health Worker (Aide, Personal Assistant etc)	<input type="checkbox"/> Quality Operations Manager
<input type="checkbox"/> Director	<input type="checkbox"/> Recovery Coach
<input type="checkbox"/> Fire Fighter/Paramedic	<input type="checkbox"/> Registered Nurse (RN)
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Resource Coordinators
<input type="checkbox"/> Independent Facilitators	<input type="checkbox"/> Site Leader
<input type="checkbox"/> Infant Mental Health Endorsed Worker	<input type="checkbox"/> Social Work Technician
<input type="checkbox"/> Intern (Paid)	<input type="checkbox"/> Social Worker (Bachelors of Social Work)
<input type="checkbox"/> Job Coach	<input type="checkbox"/> Social Worker (Masters of Social Work)
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Specialist (JJ)
<input type="checkbox"/> Licensed Practical Nurse (LPN)	<input type="checkbox"/> Speech Pathologist
<input type="checkbox"/> Manager	<input type="checkbox"/> Student (full-time)
<input type="checkbox"/> Medical Director	<input type="checkbox"/> Support Coordinator
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Support Staff/Receptionist
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Therapist
<input type="checkbox"/> Occupational Therapist Assistant (OTA)	<input type="checkbox"/> Wraparound Facilitator
<input type="checkbox"/> Parent Support Partner	<input type="checkbox"/> Youth Advocate
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Other
<input type="checkbox"/> Peer Mentor	<input type="text"/>
<input type="checkbox"/> Peer Support Specialist	

Primary Job Category \*

Direct Care/Community Health Worker (Aide, Personal Assistant etc)

Other

## How to Register for DWC Trainings

8. Once you have added all of your employers click the **'Save Profile'** button.

How many organizations employ you?

0  1  2  3

### Employment Information List

Name	Address	Job Category	Is Primary	Action
ExpertCare Management Services	[ExpertCare Management Services] 210 Town Center Dr., Troy, Michigan, 48064	Direct Care/Community Health Worker (Aide, Personal Assistant etc)	Yes	<a href="#">Edit</a> <a href="#">Delete</a>

**Save Profile**

9. After you save your profile, you should automatically see your DWC Compliance list. Note: you may need to log-in again if your account has timed out. **Not all trainings listed in your DWC portal are required. Please reference the list below for what trainings to complete and submit.**

### My Compliance Trainings

Course	Last Completed	Renewal	Compliant
Abuse & Neglect: Reporting Requirements			<input checked="" type="checkbox"/>
Anti-Harassment & Non-Discrimination Training			<input checked="" type="checkbox"/>
Cultural Competence/Diversity (Previously Cultural Competence: A Foundational Course)			<input checked="" type="checkbox"/>
[REDACTED]			<input checked="" type="checkbox"/>
Grievances, Appeals and State Fair Hearings			<input checked="" type="checkbox"/>
HIPAA			<input checked="" type="checkbox"/>
Human Sex Trafficking (Previously Child Sex Trafficking in America)			<input checked="" type="checkbox"/>
Limited English Proficiency			<input checked="" type="checkbox"/>
Medicare and Medicaid General Compliance Training (Previously Corporate Compliance)			<input checked="" type="checkbox"/>
[REDACTED]			<input checked="" type="checkbox"/>
Person-Centered Planning			<input checked="" type="checkbox"/>

## How to Register for DWC Trainings

The following online DWC trainings are required for all employee working in Wayne County:

Abuse & Neglect Reporting Requirements	Every 2 years	30 minutes
Anti-Harassment & Non-Discrimination for Employees	Every 2 years	30 minutes
Cultural Competence/ Diversity	Every 2 years	30 minutes
HIPAA Basics	Every 3 years	30 minutes
Human Sex Trafficking	Every 2 years	1 hour
LEP	Every 3 years	30 minutes
Grievance, Appeals & State Fair Hearing	Every 2 years	1 hour
Medicare & Medicaid General Compliance	Every 1 year	30 minutes
Person Centered Planning & Individual Plan of Service for Direct Support Professionals	Every 1 year	45 minutes

Upon completion of each DWC training, please save a copy of the Certificate of Completion and email your certificates to [training@expertcare.com](mailto:training@expertcare.com) a Certificate of Completion is required for each training.

To access your compliance list and training certificates you can click on **'My Compliance'**



WHY DWC?

TRAINING

EVENTS

HELP

**My Compliance**

Your training certificates can also be accessed from the **'My Compliance'** page by scrolling down to the third section of the page:

My Training Certificates		View All
10/19/2021	Medicare and Medicaid General Compliance Training (Previously Corporate Compliance)	
10/19/2021	HIPAA Basics	
10/19/2021	Cultural Competence/Diversity (Previously Cultural Competence: A Foundational Course)	
10/19/2021	Person-Centered Planning and Individual Plan of Service for Direct Support Professionals (Direct Care Workers)	

If you need any help registering for a DWC account or have any questions regarding required trainings, please email [training@expertcare.com](mailto:training@expertcare.com) or call the office at (248)643-8900 and ask to speak to a trainer.

For any technical questions or problems related to the DWC website, please contact the DWC helpdesk at (313) 451-3792 or [dwchelp@dwihh.org](mailto:dwchelp@dwihh.org).