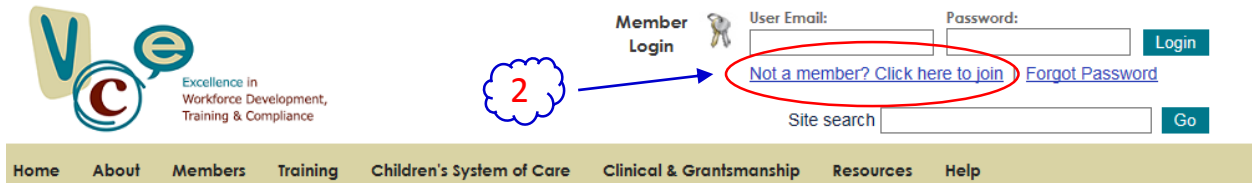


## How to Register for VCE Trainings

1. Go to <https://www.vceonline.org>.
2. On the top of the home page, click on the link for new members located on the top right on the screen.



3. On the next page, use the drop down menu for the required fields. For "country", choose **United States**. For "state," choose **Michigan**. For "county," choose **Oakland**. When finished, click on "Next Step."

The screenshot shows a registration form titled "In which state do you provide services?". It contains three dropdown menus, each with a red oval around it and a blue arrow pointing to a cloud with the number "3". The first dropdown is labeled "Select your country" and has "United States" selected. The second dropdown is labeled "What state do you work in primarily" and has "Michigan" selected. The third dropdown is labeled "Which county is your primary employer located" and has "Oakland" selected. At the bottom of the form is a "Next Step" button, also circled in red, with a blue arrow pointing to it from a cloud with the number "3".

## How to Register for VCE Trainings

4. Fill out all the required fields. The required fields are marked with a red asterisk (\*).

### Personal Information

The registration form consists of the following fields:

- Legal First Name \*** (Text input): As it appears on your state-issued identification card or license.
- Legal Last Name \*** (Text input): As it appears on your state-issued identification card or license.
- Date of Birth \*** (Text input): mm/dd/yyyy
- State-Issued ID Number \*** (Text input): (ie: Driver's License Number, Official State ID Number)
- State-Issued ID State \*** (Dropdown menu): Please select... [v]
- State-Issued ID Expiration Date \*** (Text input): mm/dd/yyyy
- Email \*** (Text input)
- Confirm Email \*** (Text input): Must be a valid email address. [Get your own email](#)
- Password \*** (Text input)
- Confirm Password \*** (Text input)
- Highest Degree Earned \*** (Dropdown menu): Please select... [v]
- Ethnicity** (Dropdown menu): Please select... [v]
- Gender** (Dropdown menu): Please select... [v]

A cloud labeled '4' has blue arrows pointing to each of the fields marked with a red asterisk (\*).

## How to Register for VCE Trainings

4a. When completing the fields for **“Password,”** ensure that you are following the credentials as stated by the website. These credentials appear when you click on the field itself.

The screenshot shows a registration form with the following fields: Password \*, Confirm Password \*, Highest Degree Earned \*, and Ethnicity. The Password and Confirm Password fields are circled in red. A cloud labeled '4a' points to these fields. A box on the right lists password requirements: Password must include: At least one letter, At least one capital letter, At least one number, and At least 8 characters. These requirements are also circled in red.

5. When finished filling out all the required fields, click on **“Next Step”** to continue registering.

The screenshot shows a registration form with the following fields: Which languages do you speak fluently? (checkboxes for Arabic, Chinese, English, Filipino, French, German, Greek, Hebrew, Hindi, Italian, Japanese, Korean, Polish, Portuguese, Punjabi, Russian, Spanish), Other Languages Spoken, Do you know American Sign Language (ASL)? (radio buttons for Yes, No), Cell Phone \*, Cell Phone Confirm \*, Phone Other, Phone Other Confirm, Emergency Contact Name \*, and Emergency Contact Number \*. The 'Next Step' button is circled in red. A cloud labeled '5' points to the 'Next Step' button and the 'Cell Phone' and 'Cell Phone Confirm' fields.

## How to Register for VCE Trainings

- On the next page, indicated how many organizations you are employed by. **If you employed by only ExpertCare, mark "1"** and more options will open up.

**How many organizations employ you?**

0  1  2  3

---

**Employment Information**

Employer country \*

United States

Employer State \*

Michigan

Employer county \*

Oakland

**Organization \***

Excellacare Home Health Care  
Excellent, Inc.  
ExpertCare Management Services  
Fair Inc.  
Faith AFC Inc.  
Family Counseling Children's Services

**Organization Address \***

Please select employer address  
~~1707 W. Big Beaver Road, Troy, Michigan, 48084~~  
210 Town Center Dr., Troy, Michigan, 48084  
~~Other - Please fill out the address below~~

- After clicking "1", the site will ask for **Employment Information**. Employer country, state, and county should already be selected for you. Under **Organization**, scroll down to find **ExpertCare Management Services**. Then choose the **Town Center Dr.** address.

## How to Register for VCE Trainings

8. Under **Job category for this employer**, choose **“Direct Care/Community Health Worker.”** Then, click on **“Add Employer”** on the bottom of the page.

Job Category for this Employer \* Select all that apply

- Administrative (management, supervisor, executive)
- Adult Foster Care Home Operator
- Audiologist
- Behavior Health Coordinator
- Board Director/Trustee
- Case Manager (Support Coordinator)
- Certified Addiction Counselor
- Certified Advanced Addictions Counselor
- Certified Peer Support Specialist
- Certified Rehabilitation Counselor
- Clinician/Case Manager (YAP)
- Consumer (Receiver of Services)
- Consumer Advocate
- Corporate Compliance Officer
- Crisis Counselor
- Department of Human Services Worker
- Dietician/Nutritionist
- Direct Care/Community Health Worker (Aide, Personal Assistant etc)
- Director
- Fire Fighter/Paramedic

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

**Add Employer**

8

9. ExpertCare should now be added on your list of employers. Click on **“Next Step”** to continue.

**Employment Information**

Name	Address	Job Title
ExpertCare Management Services	210 Town Center Dr. Troy, Michigan, 48084	Direct Care/Community Assistant etc)

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**Previous Step** **Next Step**

How to Register for VCE Trainings

10. The next page will ask you the type of services you are providing. If you are providing Community Living Supports (CLS), click the appropriate box. If you are providing Respite for your consumer, choose **Respite**. If you are providing both, choose both options and click “Next Step” to continue.

**Service Type \*** (You must check at least one)

- |                                                                        |                                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Administration                                | <input type="checkbox"/> Medication Assisted Mental Health     |
| <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            |
| <input type="checkbox"/> Case Coordination                             | <input type="checkbox"/> Parent Management Training            |
| <input type="checkbox"/> Case Management                               | <input type="checkbox"/> Peer Support Specialist               |
| <input type="checkbox"/> Child Mental Health Professional (CMHP)       | <input type="checkbox"/> PeerDirected/Consumer-Participatory   |
| <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   |
| <input type="checkbox"/> Community Living Support                      | <input type="checkbox"/> Qualified Mental Health Professionals |
| <input type="checkbox"/> Community Mental Health/Wraparound (CMH/WRAP) | <input checked="" type="checkbox"/> Respite Care Services      |
| <input type="checkbox"/> Courts/Justice Programs                       | <input type="checkbox"/> Skill Building                        |
| <input type="checkbox"/> Crisis Residential                            | <input type="checkbox"/> Specialized Residential               |
| <input type="checkbox"/> Dialectical Behavior Therapy                  | <input type="checkbox"/> Speech/Language                       |
| <input type="checkbox"/> Drop-In Center                                | <input type="checkbox"/> Sub-Acute Detox                       |
| <input type="checkbox"/> Early Intervention                            | <input type="checkbox"/> Substance Abuse Treatment             |
| <input type="checkbox"/> Educator                                      | <input type="checkbox"/> Substance Abuse Treatment             |
| <input type="checkbox"/> Evidence-Based Supported Employment           | <input type="checkbox"/> SUD Detoxification Treatment          |
| <input type="checkbox"/> Family PsychoEducation (FPE)                  | <input type="checkbox"/> SUD Outpatient Service Facilitation   |
| <input type="checkbox"/> Family Therapy                                | <input type="checkbox"/> SUD Residential Treatment             |
| <input type="checkbox"/> Home-Based Services                           | <input type="checkbox"/> Supported Independent Living          |
| <input type="checkbox"/> Human Service Worker                          | <input type="checkbox"/> Supported/Integrated Employment       |
| <input type="checkbox"/> Infant Mental Health (IMH)                    | <input type="checkbox"/> Supports Coordination                 |
| <input type="checkbox"/> Inpatient Mental Health                       | <input type="checkbox"/> Trauma-Focused CBT                    |
| <input type="checkbox"/> Integrated Dual Diagnosis Treatment (IDDT)    | <input type="checkbox"/> Vocational Services                   |
| <input type="checkbox"/> Intensive Crisis Stabilization                | <input type="checkbox"/> Wraparound Services                   |
| <input type="checkbox"/> Juvenile Justice (JJ)                         | <input type="checkbox"/> Other                                 |

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Previous Step | **Next Step**

## How to Register for VCE Trainings

11. On the next page, click on the population type that best describes the consumer(s). Then click **“Next Step”** on the bottom of the page to continue.

**Population Served \*** (You must check at least one)

- Not Applicable
- Dual Eligibles
- Early Childhood
- I/DD Adult
- I/DD Child
- Juvenile Justice
- MI Adult
- MI Child
- Older Adults
- Substance Use Disorder (Adolescent)
- Substance Use Disorder (Adult)
- Other

Substance Use Disorder (Adult)

Other

Previous Step **Next Step**

11

Detailed description: This screenshot shows a registration form for VCE trainings. The 'Population Served' section is highlighted with a red box. A cloud labeled '11' points to the 'I/DD Adult' and 'MI Adult' options, which are circled in red. Another red box highlights the 'Next Step' button at the bottom right of the form.

12. The next page will ask you for your Professional License Number. Caregivers are not required to be licensed, so choose **“No”** and then **“Next Step”** to continue.

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

Yes  No

Previous Step **Next Step**

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Detailed description: This screenshot shows a registration form asking for a professional license number. The 'No' radio button is selected and circled in red. A cloud labeled '12' points to this selection. The 'Next Step' button at the bottom right is also circled in red.

## How to Register for VCE Trainings

13. The next page will ask you for your certifications. **This information is optional**, so if you do not have any certifications, just click **“Next Step”** to with registration.

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

Addictions Counselors

Infant Mental Health Specialists

Miscellaneous

Nursing Assistant

Supervision

Training Program Certificate

Other

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

14. The VCE website asks about any special needs that **you (the caregiver)** may have for VCE events. **This page is also optional**, so if none apply, just click **“Next Step”** on the bottom of the page to continue.

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

**Dietary Restrictions**

Gluten Intolerant

Kosher Meal

Lactose Intolerant

Peanut Allergy

**Other**

Other? Please specify:

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



## How to Register for VCE Trainings

15. Review the **Contractual Agreement** by scrolling down. Then click the box to **Accept the terms of Use**. Click on **“Save Profile”** to complete registration for VCE trainings.

The screenshot shows a registration form. At the top, there is a text area with a grey background containing the text: "provider, your PIHP, or evaluation partners of the Virtual Center of E 20 USCA 1232g, may prohibit us from sharing this information to the ab permission. For more information regarding your rights under federal 1 the federal act." Below this text, there is a checkbox with a checkmark and the text "I 'ACCEPT' the Terms of Use". To the right of the checkbox, there is a button labeled "Save Profile". A blue callout bubble with the number "15" points to the checkbox. Another blue callout bubble with the number "15" points to the "Save Profile" button. At the bottom of the form, there are two buttons: "Previous Step" and "Save Profile".

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

The screenshot shows a confirmation page with a red border. At the top, it says "Thank you" and "Your registration page submission has been received by VCE." Below this, it says "Your Log-In Information" and lists "Membership type: Free" and "Today's Date: 01/20/2016". It also says "Please print this page for future reference or help in Log-In details." At the bottom, there are two buttons: "Home page" and "Log-In". A blue callout bubble with the number "16" points to the "Log-In" button.