

**REGISTRATION FORM**  
**"Online Basic Case Management Training" (A001)**  
*Please Print Clearly and Complete All Questions*

Social Security Number (last 5 digits)    \_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

County \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's email address (please print clearly) \_\_\_\_\_

**Date of Hire** \_\_\_\_\_ **Test Date:** \_\_\_\_\_ **Test Score:** \_\_\_\_\_

Please Check One:    **New Hire Test** \_\_\_\_\_    **Refresher Test** \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date \_\_\_\_\_

Education (Circle one):

- |                |   |
|----------------|---|
| 1. Education   | 4. Other Social Science: _____                              |
| 2. Nursing     | 5. Other Discipline (anthropology, criminal justice, etc.): |
| 3. Social Work | _____   |

Highest Degree or Diploma (Circle one):

- |                        |                      |
|------------------------|----------------------|
| 1. High School Diploma | 4. Bachelor's Degree |
| 2. Associate Degree    | 5. Master's Degree   |
| 3. Nursing Diploma     | 6. Other _____       |

Primary Job Title (Circle one):

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| 1. Adult Intensive Case Manager      | 5. Child Resource Coordinator        |
| 2. Adult Resource Coordinator        | 6. Child Administrative Case Manager |
| 3. Adult Administrative Case Manager | 7. Blended Case Management           |
| 4. Child Intensive Case Manager      | 8. Other _____                       |

*Completed and graded Basic Case Management tests must be kept by the agency for a minimum of seven years as a part of employee qualifications and training documentation. Tests may be kept electronically as an alternative to maintaining hard copies. Tests must be presented to OMHSAS when requested during audits and licensing.*