

UPMC Western Psychiatric Hospital
Office of Educational Resources and Planning

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.