

# Learning Center Registration Profile

Please use this form to:

1. Update your Learning Center profile information; or
2. Submit information to create your Learning Center profile.

**NOTE:** If you are an IM/W-2 or Child Support new worker, please use the New Employee Profile Form instead of this form.

Mail or FAX this completed form to:  
UW-Oshkosh Center for Career Development  
Attn: Registration Staff  
800 Algoma Blvd.  
Oshkosh, WI 54901  
FAX 920-424-1112

Date this profile is submitted: \_\_\_\_\_

\_\_\_\_\_ Update my profile

\_\_\_\_\_ Create a new profile

**Please PRINT all responses legibly.** Please complete the required fields, and all other information as appropriate. If you have questions, please call the Registration staff at 920-424-1071, or email ptsreg@uwosh.edu

## Employee Information (\*Required Fields)

\*First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*DCF/DHS Learning Center logon ID (if known): \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

\*Agency Name: \_\_\_\_\_

\*Agency Address: \_\_\_\_\_  
(street, city, state, zip)

Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Fax: \_(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ CARES/KIDS User ID: \_\_\_\_\_

**Contact Person** (in addition to the employee, the person who receives information regarding training opportunities and registration confirmations)

Name: \_\_\_\_\_ Phone: \_(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_(\_\_\_\_\_) \_\_\_\_\_

## Supervisor

Name: \_\_\_\_\_

Email: \_\_\_\_\_

## CARES Coordinator

Name: \_\_\_\_\_

Email: \_\_\_\_\_

## ATL (Agency Training Liaison) or Agency Trainer

Name: \_\_\_\_\_

Email: \_\_\_\_\_

## Policy Coordinator

Name: \_\_\_\_\_

Email: \_\_\_\_\_

## IM Training Coordinator

Name: \_\_\_\_\_

Email: \_\_\_\_\_