

## VTC Training Account Application (DCFS/POS staff)

Please complete **ALL FIELDS** online and submit form via e-mail, or print the completed form and fax to the DCFS Registration Unit at (217) 557-4349. If you wish to keep a copy of this for your records, you must print the completed form. You will not be able to save this form to your computer.

Once your account has been activated by the Registration Unit, you will receive an e-mail with your training ID and a temporary password. As soon as you receive this e-mail, please log onto the VTC and follow the instructions to reset your password to one of your own choosing.

Last Name:  First Name:  MI:   
First Name Preferred:  Full SSN# (Required & Kept Confidential):   
Job Title:  Work E-Mail:

### Job Function (Check all that apply):

**Non-Direct Service**  
**Specify Type of Work**  
 Staff  Supervisor  Manager/Administrator  
 APT  QA  Intake Coordinator  Family Educator  Training Coordinator  
 ACR  Monitor-ILO/TLP  Monitor-Residential Other (Specify)

**Direct Service**  
**Specify Type of Work**  
 Staff  Supervisor  Manager/Administrator  
 Intact  Placement/Permanency  Child Protection  Adoptions  SCR  IA  
 Pathways DR  SPEC POS  ILO/TLP  Pregnant & Parenting  SOC  CAYIT  Nurse  
 Therapist/Counselor  Clinical Director  Educational Liaison  Other Clinical Staff  
 Residential Facility Staff Other (Specify)

**Licensing Staff**  Day Care  Agency & Institution  Foster Home

**Agency Name:**  **Agency Address:**   
**City/State/Zip:**  **Phone:**  **Region/Site Field:**   
Region (DCFS only):  Cook North  Cook Central  Cook South  Northern  Central  Southern  Central Office  
**Supervisor Name:**  **Address:**   
**Phone:**  **Fax:**  **E-Mail:**

**Are you also a Foster Caregiver?**  Yes  No **(If No, go the the top and submit form). If Yes, Please complete the following:**

Related Caregiver  Unrelated Caregiver **Licensing Agency Name:**   
**Agency Address:**  **City/State/Zip:**   
**Licensing Rep. Name:**  **Phone:**  **Provider ID:**   
**License Expiration Date:**  **Home Address:**  **City & Zip:**   
**Home Phone:**  **County:**  **Spouse Name:**