

## VTC Training Account Application (Immersion Site Stakeholders)

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):

#### Specify Type of Work

Court Personnel    GAL    State's Attorney    Judge    Attorney  
School Personnel    School Social Worker    Teacher    Administrator  
Mental Health Provider    Mental Health Manger/Administrator  
Trauma-informed Provider    Substance Abuse Provider    Domestic Violence Provider  
Health and Human Services Provider    Healthcare Provider    Healthcare manager/Administrator  
Caregiver    CASA    Other

#### Organization Name:

Address:

City/State/Zip:

Phone:

Immersion Site:    Lake County    Rock Island    Mt. Vernon    St. Clair County