

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:

Employment Role: ☐ Staff ☐ Supervisor ☐ Manager/Administrator

Specific Job Function (Check all that apply):

☐ **Non-Direct Service:** Type of Work Specify:
☐ **Direct Service** Type of Work Specify: ☐ Intact ☐ Placement/Permanency ☐ Child Protection
☐ Adoptions ☐ SCR
Other (specify):

☐ **Licensing** ☐ 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:

Type of Internet Connection? ☐ None ☐ Network/LAN ☐ Dial-up ☐ DSL ☐ Cable ☐ Satellite ☐ Other

(Note- if you work for DCFS, you are part of the DCFS network/LAN.)

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: