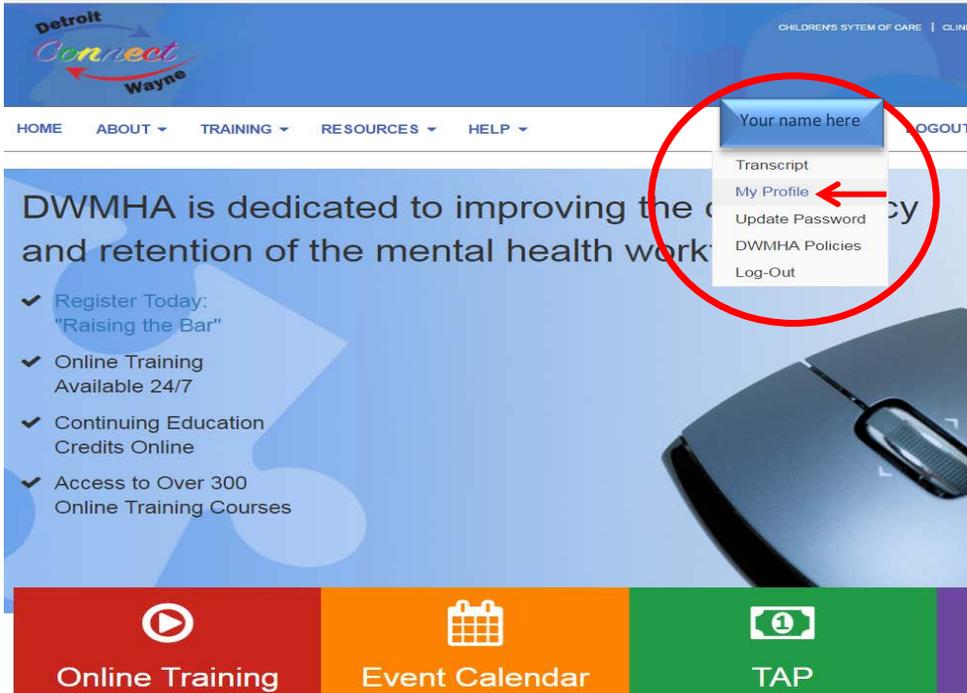


VCE Profile Instructions

Website - www.dwctraining.com



Step 1

A) After you log in, click the drop down on your name and select **“My Profile”**

****That will then bring you to a page for you to fill out your information**

My Profile

Step 2 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

How many organizations employ you?

0 1 2 3

Employment Information

Name	Address	Job Title
------	---------	-----------

Add Additional Employer



Step 2

B) Select the amount of employers you work for **(1, 2 or 3)** then select **“Add Additional Employer”**

Employment Information

Employer country *

United States

Employer State *

Michigan

Employer county *

Wayne

Organization *

Lexington Home
Liberal Manor
Lidotson Residential Treatment Facility
Life Center, Inc.
Life Challenge of SE MI
Life Changing Crisis & Respite Center, Inc.

Organization Address *

[JW Home] 5656 Belton, Garden City, Michigan, 48135
[King Home] 28829 King Road, Romulus, Michigan, 48174
[Life Center Home] 6737 N. Wayne Rd., Westland, Michigan, 48185
[Main Office] 15419 Middlebelt Rd., Livonia, Michigan, 48154
[Marshall Home] 33794 Curtis Rd., Livonia, Michigan, 48152
[McDonald Home] 26495 McDonald, Dearborn Heights, Michigan, 48125
[Newberry Home] 35331 Harrow, Wayne, Michigan, 48184

Step 2 (Continued)

C) Fill in the information as shown on the image to the left

**If you know the name of the home you will be working at, you can search and select it here. If you aren't sure or can't find the home name, simply select "Main Office" as shown

Is this your primary employer? Yes No (i.e., where you work the most hours)

Job Category for this Employer * Select all that apply

Category	Is Primary	Category
<input type="checkbox"/> Administrative (management, executive)	<input type="radio"/>	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Adult Foster Care Home Operator	<input type="radio"/>	<input type="checkbox"/> Physical Therapist (PT)
<input type="checkbox"/> Audiologist	<input type="radio"/>	<input type="checkbox"/> Physical Therapy Assistant
<input type="checkbox"/> Behavior Health Coordinator	<input type="radio"/>	<input type="checkbox"/> Physician (MD or DO)
<input type="checkbox"/> Board Director/Trustee	<input type="radio"/>	<input type="checkbox"/> Physician Assistant (PA)
<input type="checkbox"/> Case Manager	<input type="radio"/>	<input type="checkbox"/> Placement Coordinator
<input type="checkbox"/> Certified Addiction Counselor	<input type="radio"/>	<input type="checkbox"/> Prevention Educator
<input type="checkbox"/> Certified Advanced Addictions Counselor	<input type="radio"/>	<input type="checkbox"/> Prevention Specialist
<input type="checkbox"/> Certified Peer Support Specialist	<input type="radio"/>	<input type="checkbox"/> Professional Counselor
<input type="checkbox"/> Certified Rehabilitation Counselor	<input type="radio"/>	<input type="checkbox"/> Program Assistant
<input type="checkbox"/> Clinician/Case Manager (YAP)	<input type="radio"/>	<input type="checkbox"/> Program Manager
<input type="checkbox"/> Consumer (Receiver of Services)	<input type="radio"/>	<input type="checkbox"/> Program Operations Coordinator
<input type="checkbox"/> Consumer Advocate	<input type="radio"/>	<input type="checkbox"/> Program Operations Specialist
<input type="checkbox"/> Corporate Compliance Officer	<input type="radio"/>	<input type="checkbox"/> Program Supervisor
<input type="checkbox"/> Crisis Counselor	<input type="radio"/>	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Department of Human Services Worker	<input type="radio"/>	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Dietician/Nutritionist	<input type="radio"/>	<input type="checkbox"/> Quality Information Analyst
<input checked="" type="checkbox"/> Direct Care/Community Health Worker (Aide, Personal Assistant etc)	<input checked="" type="radio"/>	<input type="checkbox"/> Quality Operations Manager
		<input type="checkbox"/> Recovery Coach

D) Select the option of **"Primary Employer"** if you work the most hours with Life Center

E) The job category you will select will be **"Direct Care/Community Health Worker"**.

F) Select **"Is Primary"** on the right side

Step 3 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

Service Type * (You must check at least one)

- | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Medication Assisted Mental Health Individual & Group Therapy |
| <input type="checkbox"/> Assertive Community Treatment (ACT) | <input type="checkbox"/> Nursing/Private Duty Nursing |
| <input type="checkbox"/> Autism Services/Applied Behavioral Analysis | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Behavioral Healthcare Group/Private Practice | <input type="checkbox"/> Opioid/Methadone Treatment Program |
| <input type="checkbox"/> Case Coordination | <input type="checkbox"/> Parent Management Training-Oregon (PMTO) |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Peer Support Specialist |
| <input type="checkbox"/> Child Mental Health Professional (CMHP) | <input type="checkbox"/> PeerDirected/Consumer-Peer Recovery Support |
| <input type="checkbox"/> Clubhouse/Psychosocial Rehabilitation | <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> Co-Occurring Treatment | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Community Employment Services | <input type="checkbox"/> Prevention Services |
| <input checked="" type="checkbox"/> Community Living Services (CLS) | |



Step 3

G) The Service Type you will select will be **"Community Living Services"**

My Profile

Step 4 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

Population Served * (You must check at least one)

Name	Is Primary
<input type="checkbox"/> Not Applicable	<input type="radio"/>
<input type="checkbox"/> Dual Eligibles	<input type="radio"/>
<input type="checkbox"/> Early Childhood	<input type="radio"/>
<input checked="" type="checkbox"/> I/DD Adult	<input checked="" type="radio"/>
<input type="checkbox"/> I/DD Child	<input type="radio"/>
<input type="checkbox"/> Juvenile Justice	<input type="radio"/>
<input type="checkbox"/> MI Adult	<input type="radio"/>
<input type="checkbox"/> MI Child	<input type="radio"/>



Step 4

H) The Population Served you will select will be **"I/DD Adult"**

I) Select **"Is Primary"** on the right side

My Profile

Step 5 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

Do you have a Professional License Number? *

Yes No



Previous Step

Next Step

Step 5

J) You will select **"No"** for Professional License Number

Step 6 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

Certificates & Certifications (Check all that apply)

- Addictions Counselors
- Infant Mental Health Specialists
- MDHHS Credentials
- Miscellaneous
- Nursing Assistant
- Supervision
- Training Program Certificate
- Other

Previous Step

Next Step

Steps 6 & 7

K) These are where you can select any Certificates you would like to enter or personal preferences you'd like to enter

Step 7 of 8

To save updates made to your profile, please continue to Step 8 to "Accept" the Terms of Use agreement.

Any special requests to enable your participation in VCE events? (Check all that apply)

Dietary Restrictions

- Gluten Intolerant
- Kosher Meal
- Lactose Intolerant
- Peanut Allergy
- Shellfish Allergy
- Vegan Meal
- Vegetarian Meal

Special Accommodations

- Disabled (with caretaker accompaniment)
- Hearing Impairment (Need Sign Language Interpreter)
- Vision Impairment
- Vision Impairment (with seeing-eye dog)
- Wheelchair Accessibility

Other

- Other? Please specify:

Previous Step

Next Step

You do not have to select anything. Click **"Next Step" to proceed

Step 8 of 8

To save updates made to your profile, please continue to "Accept" the Terms of Use agreement.

* Required Field

Contractual Agreement

Terms of Use

This site may ask you to provide contact and identifiable information including, but not limited to, name, email address, professional license, employer, work address, job title, and credentials for the purposes of site membership, event registration, obtaining continuing education credits, tracking, evaluation, providing a service you request, or otherwise. In some instances, including those listed above, but not limited to, this information may be shared with accrediting institutions, your employer, your MCPN provider, your PIHP or evaluation partners of The Virtual Center of Excellence.

Your information will not, under any circumstances, be sold, or be used for any circumstances that intend to cause you harm in any way.

This site may also share training and test results with accrediting institutions, your employer, your MCPN provider, your PIHP or evaluation partners of the Virtual Center of Excellence. Federal law, specifically 28 USC 4222a, may prohibit us

I "ACCEPT" the Terms of Use

Previous Step

Save Profile

Step 8

L) When finished reading through the Agreement, check the box **"I Accept the Terms of Use"**

M) Click **"Save Profile"** and you are finished!

If you have any questions, please call the Life Center Office at (734) 261-1094