



*Western Psychiatric Institute and Clinic
Office of Education and Regional Programming*

**REGISTRATION FORM
"Online Basic Case Management Training" (A001)**

Social Security Number (last five): _____

Name: _____
Last
First

Supervisor's Name: _____

Agency: _____

Agency Address: _____

City: _____

State: _____ Zip: _____

County: _____

Day Telephone () _____

Fax Number () _____

E-mail Address: _____

Primary Discipline (Indicate only one)

- | | | |
|----------------|---|--------------------------------------|
| 1. Psychology | 5. Nursing | 9. Administration |
| 2. Psychiatry | 6. Education | 10. Pharmacy |
| 3. Medicine | 7. Related Therapies
(Occupational Therapy, Voc
Rehab, etc) | 11. Other Mental Health Professional |
| 4. Social Work | 8. Other Social Science or Mental
Health Field | 12. Other _____ |

Highest Degree or Diploma (Indicate only one)

- | | | |
|------------------------|---------------------|----------------|
| 1. High School Diploma | 4. Bachelors Degree | 7. M.D./D.O. |
| 2. Associate Degree | 5. Masters Degree | 8. Other _____ |
| 3. Nursing Diploma | 6. Doctoral Degree | |

Primary Job Title (Indicate only one)

- | | | |
|---|---|--------------------------|
| 1. Adult Intensive Case
Manager | 4. Child Intensive Case Manager | 7. Targeted Case Manager |
| 2. Adult Resource
Coordinator | 5. Child Resource Coordinator | 8. Other
_____ |
| 3. Adult Administrative
Case Manager | 6. Child Administrative Case
Manager | |

*For a complete listing of our trainings, please visit our website at www.wpic.pitt.edu/oerp
Western Psychiatric Institute and Clinic is part of UPMC Presbyterian Shadyside*