

Illinois Department on Aging CARE COORDINATOR CERTIFICATION REGISTRATION

Springfield Location: Ramada Limited, at 3280 Northfield Drive, Springfield, IL 62702
Phone: 217/523-4000. Financial and reservation responsibilities remain with the registrant's agency.

Chicago Location: Michael A. Bilandic Building, at 160 North LaSalle, corner of Randolph and LaSalle.
****An ID is required for entry through metal detector/guarded entrance in Chicago.**

DATE	LOCATION	ADDRESS	SESSION CODE
November 14, 2011	Chicago	N-505, Michael A. Bilandic Bldg.	07-11
ALL SESSION TIMES: 9:00 A.M. TO 4:00 P.M. LATE ARRIVALS WILL NOT BE GRANTED ENTRY.			

Registration: Please complete and submit the training registration at least two (2) weeks prior to the training session of choice. Those who do not register may not be allowed to attend the training session. Attendance is limited, so it is important that everyone register early!

Hand-outs: Session hand-outs will be sent to the e-mail address provided on this form. Please make copies for your staff. Hand-outs will NOT be provided at the training.

CCU/CMU Name:		PSA:
Street Address:	City:	Zip Code:
Verifying Supervisor:		Phone: ()
E-mail Address:		

SUPERVISOR: Identify registrant's title and session codes to receive proper proof of completion:

Certification Card

- 1 – Care Coordinator
- 4 – Choices for Care Coordinator
- 5 – Elder Abuse Manager
- 6 – Supervisor
- 9 – AAA staff

Certificate of Attendance

- 2 – Intake
- 3 – Information & Referral
- 8 – Care Coordinator Assistant
- 10 – Informational Purposes for EA or AAA staff
- 7 – Other (i.e., housing, legal, provider agency supervisor)

SUPERVISOR: Note that by signing up the registrant below, you are verifying that the registrant meets the eligibility for the titled position as required per IDoA rule and has completed the most recent Pre-Certification Protocol. The liability will fall upon you, the supervisor, and the CCU/CMU, if it is later found that the registrant does not meet the requirements of the position declared below.

(ONLY TYPED OR PRINTED REGISTRATIONS WILL BE ACCEPTED)

REGISTRANT'S NAME	TITLE CODE	SESSION CODE / LOCATION

Fax completed form to Tom Brenner at: (312) 814-2916; or E-mail to: Tom.Brenner@illinois.gov