

**New Employee Registration for**

**the College of Direct Support - Online learning**

**Name:**

**Department, Location, & Supervisor:**

**Email:**

**Last 4# of Social Security:**

**Hire date:**

**☐ I have used the College of Direct Support in the past with another employer and I would like to have my transcripts transferred.**

**I understand that it is my responsibility to complete my online training requirements within 90-days of starting work.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_**