



**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:** _____