

WPSA
Direct Care Competency (DCC I) Training Registration Form
"Train the Trainer for Personal Care Workers"

Today's Date:

Phone Number:

e-mail

Agency Name:

Street:

PO Box:

City:

County:

Other:

Zip:

How many years has your agency been in business?

Is your company a current member of WPSA ?:

 Yes No

Please PRINT the names of those who will be attending:

What is the background of your recommended trainer?

 CNA PCW LPN RN

Other-explain:

Date of Training Attending:

Cost of Training: **Current WPSA Member \$150.00 per person** # attending _____

Non WPSA Member \$250 per person # attending _____

Total cost for your agency: _____

**Please send an electronic copy of this registration to:
Wpsa.training@gmail.com**

Please send registration and check to:

Mo Thao-Lee, Administrator

Universal Home Health Care, Inc.

933 Erie Avenue, Suite 9

Sheboygan, WI 53081 Ph: 920-452-3370 FX: 920-452-3380