



Instructions: Please complete the **entire** form – **one per** person and email it to tammara.bealer@dodd.ohio.gov or FAX to (614)995-3822, Attn: **Tammara Bealer**. **(A confirmation should be sent within 3-5 business days after the registration is received. If you do not receive a confirmation, you are not registered and will need to contact the MUI Unit at (614)995-3810.)**

Applicant's Name: _____ **Phone #:** _____
FAX #: _____

Agency you work for: _____

Work Address: _____ **City:** _____ **Zip:** _____

Email Address: _____

What is your job title? (Please select one of the following)
Priority is being given to NEW employees on staff who have been on the job less than 2 years.
 Agency or Licensed provider and are involved in the UI/MUI process
 Other **(Please specify)** _____

Course Introduction/Description: The Department of Developmental Disabilities MUI / Registry Unit is conducting an Advanced MUI Training for Agency Providers. The training is for personnel who are employed through an Agency or Licensed provider and are involved in the UI/MUI process. This training is not intended for County Board employees or independent providers.

The Agenda will include presentations on Statewide Patterns /Trends, Medication Administration, Falls, Choking, Misappropriation, Administrative Investigations and other informative topics. Please mark your calendar and plan to attend this very valuable information session.

Date(s):
 7/24 Adv. MUI Rule Training for Providers

Time: 9:00 a.m. – 4:00 p.m.
Sign-in: Begins at 8:30 a.m.
Price: \$25 pp.

Pre-requisite: None
Target Audience: Priority is given to Newly-hired.

CEUs:

Adult Services (6) Case Management (6)	Early Intervention (6) Supt./Asst. Supt. (S/PAS) (6)	County Board Members (6) Investigative Agent (6)
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Additional Information:

- One registration form per applicant, per course date.
- The Columbus Developmental Center Training Room has a seating capacity of approximately **50**. Directions and hotel information are available by request.
- Any class an applicant registers for and fails to attend without giving proper notification of the cancellation will be responsible for the cost of the class, regardless if payment has been made. **A refund will be given for a paid class ONLY if notification of the cancellation is sent via EMAIL or FAX prior to the start of the training class. NO PHONE CALLS WILL BE ACCEPTED!** Otherwise, payment will be forfeited.
- Payment or purchase order is expected prior to the training date. **Cash/Credit Cards are not accepted.**
- Checks should be made payable to: **Treasurer, State of Ohio** and mailed to:

Ohio Department of DD
Attn: Accounts Receivable
30 East Broad Street, 13th Floor
Columbus, OH 43215

Please **DO NOT** mail your registration form to the payment address! Doing so could delay your registration, resulting in a lack of space for you to attend!

For Office Use Only:

<input type="checkbox"/> Sent Confirmation _____	<input type="checkbox"/> Entered into Database _____
<input type="checkbox"/> _____	<input type="checkbox"/> Entered into Payment Log _____