

Registration Form

Title of Program:	Homeless Veteran Summit: Reaching a Goal of Ending Homelessness	Program Date(s):	November 3 – 5, 2009
Location of Program:	Washington, DC	Project Code:	10.ST.MH.HOMELESSCONF.A
EES Contact Person:	Ann Osman Clarice Lewis	St. Louis Employee Education System Employee Education Resource Center 1 Jefferson Barracks Drive, Bldg 2 Rm 119 St. Louis, MO 63125	
Contact Person Email:	Ann.Osman@va.gov Clarice.Lewis@va.gov		
Phone:	314.498.6648 314.894.5744		
Fax:	314.894.6506		
		DUE DATE:	October 16, 2009

**PLEASE CHECK ONE
BLOCK BELOW:**

* To receive a Certificate of Completion from the Employee Education system (EES), you must sign in at the beginning of this activity, complete evaluation forms and attend 100% of the program.
* EES cannot issue certificates for less than 100% participation as required by accrediting body regulations.

I will attend 100% of the program

I will attend only a portion of the conference

A. PERSONAL INFORMATION			
Name:		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Degree(s):			
Position / Title:			
VA Facility or Organization:			
Mailing Address:		VISN #:	
City / State:		Facility #:	
Phone:		Fax:	
Cell Phone:		Email:	

Type of Participant: Student/Participant Faculty / Presenter Planning Committee Member
Employer Category: VHA VBA NCA Non- VA Other Federal

B. CONTINUING EDUCATION HOURS	
See the program brochure for a complete description of continuing education credit provided for this program. EES will determine the type of certificate to be issued based on the category you select below. Please select your primary occupation which best reflects the credit you require. Contact hours will be provided if no relevant accreditation is offered for this program.	
CONTACT HOURS - Occupations not specifically listed under Accredited Hours below	
<input type="checkbox"/> Administrative	<input type="checkbox"/> Allied / Associated Health
ACCREDITED HOURS	
<input type="checkbox"/> Architect (AIA)	<input type="checkbox"/> Nurse (ANCC)
<input type="checkbox"/> Audiologist/Speech Pathologist (ASHA)	<input type="checkbox"/> Nurse (California - CA BRN)
<input type="checkbox"/> Counselor - Certified (NBCC)	<input type="checkbox"/> Pharmacist (ACPE)
<input type="checkbox"/> Dentist (ADA)	<input type="checkbox"/> Physician, PA-C, Advanced Practice Nurse (ACCME)
<input type="checkbox"/> Dietician (CDR)	<input type="checkbox"/> Psychologist (APA)
<input type="checkbox"/> Healthcare Executive (ACHE)	<input type="checkbox"/> Social Worker (ASWB & CASW) License # Required: <input type="text"/>

D. SPECIAL ARRANGEMENTS Please describe below any requirements due to physical limitation(s) or dietary requirements:
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EES Privacy Notice:

The privacy of our employees and customers is of the utmost importance to the Department of Veterans Affairs. Any personally identifiable information we request from you will be used for the specifically stated purposes and will be maintained in a secure system accessible only to authorized people. You do not have to provide the personal information requested, but your participation may be effected if certain personal information is not made available.

To see all your rights regarding the private information you provide to us, please access this webpage:

<http://vawww.ees.lrn.va.gov/resources/docs/privacy/CV%20Privacy%20Notice%20v1.doc>

If you do not have access to the VA intranet, please request this information from the EES contact person above.

Rev 04-19-06