DMHAS WORKFORCE DEVELOPMENT
MY PROFILE INFORMATION FORM

Complete all sections and return via email. Incomplete forms cannot be processed. Please provide your email address. All correspondence regarding your enrollments is provided via email.

Select the appropriate box:

☐ **Create New Profile & Username** ☐ **Update Existing Profile – Username:** _____
Type or print in current username

Select the appropriate box:

☐ **DMHAS State Employee** ☐ **DMHAS Funded Agency Employee** ☐ **Other**

Employee Number (DMHAS State Employees Only)

First Name **Middle Initial**

Last Name

☐ Select if updating last name Previous Last Name: _____

If you are a DMHAS Employee select the box next to the facility in which you work:

☐ Capitol Region Mental Health Center ☐ Office of the Commissioner ☐ Southeastern Mental Health Authority

☐ Connecticut Mental Health Center ☐ River Valley Services ☐ Western Connecticut Mental Health Network

☐ Connecticut Valley Hospital ☐ Southwest Connecticut Mental Health System

Agency Name _____

Non DMHAS Employees MUST Enter Complete Agency Name. Please Do Not Use Acronyms.

Address _____

Building/Unit/Division/Department

CT

Street **City** **State** **Zip**

Email _____

Work Phone _____ **Extension** _____ **Work Fax** _____

Functional Job Title _____

Supervisor's Name _____

Supervisor's Phone _____ **Supervisor's Email** _____

Select highest degree:

☐ Associate's Degree	☐ Bachelor's Degree	☐ Master's Degree	☐ Doctoral (Academic) PhD	☐ Doctoral (Professional) MD, PSYD	Other (List)

Select your certifications/licensures:

APRN ☐	CADC ☐	LMFT ☐	LADC ☐	Other (List)
LPN ☐	RN ☐	LCSW ☐	LPC ☐	

Please remember to get your supervisor's approval to attend training.

Return this form by email: Workforce.Development@ct.gov