

This classroom version of the Six Rights is approved and meets the requirement specified in OAR: 411-050-0625.

This class requires that you log into your DHS|OHA Learning Center account and register for the class. The class code is C05473 and is Titled OLRO – Six Rights of Safe Medication Administration. *For new users to the DHS|OHA Learning Center the instructions on how to create a profile and register start on page 2 of this document.*

The following information will be found once you register through the DHS|OHA Learning Center: Date offered, location, time and cost.

Contact Information for the classroom version of the Six Rights is: Kari McDaniel, Sageland Education, 541.610.2620, info@sagelandeducation.com .

How to Register with the DHS/OHA Learning Center: AFH Providers

Registration is required prior to taking any class through the DHS/OHA Learning Center, including the “Six Rights of Safe Medication Administration.” This step is required only once. Once you are registered, be sure to update your profile as any change occurs, such as a new e-mail address or a new phone number.

Go to <https://dhslearn.hr.state.or.us> to register and log in to the Learning Center.

The screenshot shows the top of the DHS/OHA Learning Center website. At the top, there is a header with "DHS|OHA" on the left and "Learning Center" on the right. Below the header, a welcome message reads "Welcome to the DHS | OHA Learning Center". There are three lines of text: "If this is your first visit, please click [here](#)." followed by a blue callout box that says "Click here to begin registration process"; "If you would like to enter the site as a guest, click [here](#)."; and "Partners who have already registered do not need to re-register. Please log in or use the help links below." Below this, it says "DHS and OHA staff are pre-registered. If this is your first visit, click [here](#) to set your password and update your profile. Otherwise, please log in or use the help links below." and "Need Help? Click [here](#) to access pdf files that will help you use the Learning Center." At the bottom, there are input fields for "Login ID:" and "Password:", a "Log in" button, and links for "Forgot Login?" and "Forgot Password?".

The screenshot shows the registration selection page. At the top, it says "DHS | OHA Learning Center" with a "Log in" button. Below that is the "DHS|OHA Learning Center" header. The main text says "To begin registration, please choose one of the selections below and then click **Submit**." There are two radio button options: "I am a DHS or OHA employee. I am logging into the site for the first time." and "I am a partner signing-up for the first time." Below these are "Submit" and "Cancel" buttons. A blue callout box on the right says "Register as a partner".

The screenshot shows the organization selection page. At the top, it says "DHS | OHA Learning Center" with a "Log in" button. Below that is the "DHS|OHA Learning Center" header. The main text says "REGISTER Select Organization" and "Either identify your organization by selecting it from the list below and clicking **Select**, or click **Expand** to view divisions within an organization." There are three rows of organization selection: "Root Organization:" with a dropdown menu showing "Other Organizations" and buttons for "Expand", "Select", and "Cancel"; "Sub Organization:" with a dropdown menu showing "15-Adoptive or Foster Parents / Foster Provider" and buttons for "Expand", "Select", and "Cancel"; and "Sub Organization:" with a dropdown menu showing "Adult Foster Providers" and buttons for "Expand", "Select", and "Cancel".

Click on “Expand” to see the full list of options; choose as indicated above; click on “Select” to enter your choices

How to Register with the DHS/OHA Learning Center: AFH Providers

DHS | OHA Learning Center

[Log in](#)

REGISTER
User Profile

DHS|OHALearning Center

As part of the registration process, you need to provide some general information. Please fill in the fields below and click the **Submit** button. All required are marked with *.

Organization Name: [Click here to change your organization selection.](#)

* **First Name:**

* **Last Name:**

Middle Initial or Middle Name:

Email Address:

Alternate Email Address:

Send me updates and notification of content changes at this email address.

* **Title:** Select your title. Only if your title is not listed, type your title.

* **First Line Address:**

Second Line Address:

Mailing Address:

* **City:**

* **State:**

* **County:**

* **Zip:**

Country:

* **Phone:** ext

Fax:

Manager's Name: [Search For Your Manager](#)
(Read Only)

Manager's Email:

* **Special Accommodations:** Yes No
(Check Yes if you need any special accommodations to attend a class)

Vendor Number:

Provider Number:

Licensure/Certification: <small>(Enter any certifications or licensures that you hold and the expiration date for each. Automatic reminders will be sent to you and your manager when your expiration date(s) are approaching. If your certification or licensure is not listed here, contact your Site Administrator.)</small>	Licensure Type:	Expiration Date: <small>(Enter as: mm/dd/yyyy)</small>	Certifying Group:	Credit Hours Required:	Time Period: <small>(e.g., every 12)</small>
	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reasonable Accommodations:
(This is not a required field. Information entered into this field is not confidential and may be seen by instructors and other training administrators. Please indicate any reasonable accommodations you need to attend a class.)

Grade Level:

Agency Number:

Please use the following area to highlight your area of expertise and professional items of interest. This may include qualifications and certifications, as well as a brief biography. You may post a resume in the Career Center at any time after you have submitted your User Profile.

Qualifications:

Make this information available to others in the User Directory.

Make this information available to others in the PeerNet.

Complete this section
(name & contact
information)

AFH employees may enter the AFH
Licensor's name & e-mail here

This portion not
applicable to AFH
providers

Leave this blank unless requesting a
reasonable accommodation (i.e.,
subtitles or large print)

Not required