

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. The header includes the DHS|OHA logo and the text "Learning Center". Below the header, there is a welcome message: "Welcome to the DHS | OHA Learning Center". There are three main instructions: 1. "If this is your first visit, please click [here](#)." 2. "If you would like to enter the site as a guest, click [here](#)." 3. "Partners who have already registered do not need to re-register. Please log in or use the help links below." Below these instructions, there are links for "DHS and OHA staff" and "Need Help?". At the bottom, there is a login form with fields for "Login ID:" and "Password:", a "Log in" button, and links for "Forgot Login?" and "Forgot Password?". A blue callout box on the right says "Click here to begin registration process" with a line pointing to the "here" link in the first instruction.

The screenshot shows the registration selection page. The header includes the DHS | OHA Learning Center logo and a "Log in" button. Below the header, there is a message: "To begin registration, please choose one of the selections below and then click **Submit**." There are two radio button options: 1. "I am a DHS or OHA employee. I am logging into the site for the first time." 2. "I am a partner signing-up for the first time." Below these options are "Submit" and "Cancel" buttons. A blue callout box on the right says "Register as a partner" with a line pointing to the second radio button option.

The screenshot shows the organization selection page. The header includes the DHS | OHA Learning Center logo and a "Log in" button. Below the header, there is a "REGISTER Select Organization" section. The instructions are: "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: 1. "Root Organization:" with a dropdown menu showing "Other Organizations" and buttons for "Expand", "Select", and "Cancel". 2. "Sub Organization:" with a dropdown menu showing "15-Adoptive or Foster Parents / Foster Provider" and buttons for "Expand", "Select", and "Cancel". 3. "Sub Organization:" with a dropdown menu showing "Adult Foster Providers" and buttons for "Expand", "Select", and "Cancel". A blue callout box at the bottom says "Click on 'Expand' to see the full list of options; choose as indicated above; click on 'Select' to enter your choices" with a line pointing to the "Expand" buttons.

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

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DHS | OHA Learning Center

[Log in](#)

REGISTER
User Profile

DHS|OHA Learning 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:	Licensure Type:	Expiration Date:	Certifying Group:	Credit Hours Required:	Time Period:
<small>(Enter any certifications or licenses 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 license is not listed here, contact your Site Administrator.)</small>	<input type="text" value="Select"/>	<input type="text" value="mm/dd/yyyy"/>	<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; Indicate whether you require special accommodation

This portion not applicable to AFH providers

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

Not required