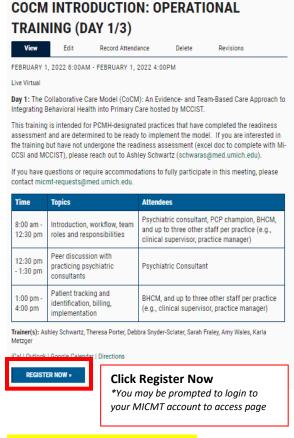
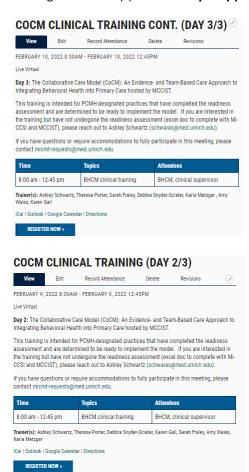
Registration Guide for CoCM Training

Reviewed April 2022

1) Accessing Registration Links

- a. Registration can be located on the <u>CoCM page</u> or the <u>MICMT Events page</u>
- b. Training occurs over multiple days. Please make sure to register learner(s) for each day they plan to attend.





2) Completing Registration Form

Are you registering for yourself or on behalf of others? (Note: If you are registering for yourself as well as on behalf of others, please register yourself last.)*



Select on Behalf of Others

*PO leaders will be responsible for registering all of their learners. IF the person is NOT a PO leader who will be responsible for registering learners, please contact Linny West (lindsamw@med.umich.edu) so additional permissions can be granted.

Is the registrant part of a Federally Qualified Health Center (FClinic (RHC)?*	QHC) or a Rural Health
O The registrant belongs to an FQHC.	
O The registrant belongs to an RHC.	
O No, the registrant does not belong to either of these.	
What is the registrant's role within collaborative care?* - Select -	NPI Number will be required for Primary Care Providers and Psychiatric Consultants



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Completing Registration Form (continued) Is the registrant taking this training to actively participate in the BCBSM CoCM Program?* Yes, the registrant is taking this as part of the BCBSM CoCM Program. Answer 'YES' if the registrant belongs to a clinic(s) that intend(s) to implement CoCM following the training. O No, the registrant is not taking this as part of the BCBSM CoCM Program. BCBSM CoCM Registrants only: For which clinic(s) is the registrant providing services?* If you cannot find your clinic in the list below, please contact us. If answered 'YES' to previous question, select clinic(s) that they intend to implement in. Please refer to BCBSM PGIP List for names. If 'NO', do not answer. If your clinic is not listed, please reach out to your training partner to verify you're ready for training. **Search Existing Users** PO Leaders will need to locate their learners in the MICMT Search by first name, last name, or email website. If learners have an existing account, search for them using their first name, last name or associated e-mail. If the learner does NOT have an existing account, PO **2**– Register a New User leaders can register them as a new user. The fields below will be required to complete. Name of attendee: First Last Attendee email Attendee's credentials - Select -**Physician Organization** MICMT **Practice Unit** MICMT**

Note: only those practices within your chosen PO are displayed.

Checking this box is an agreement to the University of Michigan's Consent to Photograph or Record Electronically

Consent to Photograph or Record

terms and conditions.



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4) Final Step

a. Repeat process for each learner

Additional Emails to	o copy on the confirmation message	
Multiple email address	ses may be separated by commas.	
☐ I attest that I am re attendee being reg	egistering for myself and/or I am the PO leader, practice manager, or direct manager of the gistered.	*
If you need to cancel your registration we ask that you contact us as soon as possible . We reserve the right to cancel a training up to one week in advance.		
SUBMIT	RESET	

5) Summary of Items Needed to Complete Registration for Learners

- a. FQHC/RHC Status
- **b.** Registrant's Role in CoCM
 - i. NPI Number for Primary Care Providers and Psychiatric Consultants only
- **c.** Participation in BCBSM CoCM Program Status
 - i. Clinics the registrant is providing services (use BCBSM PGIP List names)
- **d.** If registrant has an existing MICMT website account:
 - i. If YES registrant has an account: e-mail associated with MICMT website account
 - ii. If NO registrant does not have an account:
 - 1. First Name, Last Name
 - 2. E-mail
 - 3. Credentials
 - 4. Physician Organization
 - 5. Practice Units

