

# COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.  
Director

ROBIN KAY, Ph.D.  
Chief Deputy Director

RODERICK SHANER, M.D.  
Medical Director



BOARD OF SUPERVISORS

GLORIA MOLINA  
MARK RIDLEY-THOMAS  
ZEV YAROSLAVSKY  
DON KNABE  
MICHAEL D. ANTONOVICH

## DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To:  
Fax:

February 16, 2011

T0: Executive Directors  
Name of Legal Entity

FROM: Donnakay Davis  
Training Division

SUBJECT: **LEARNING NET REGISTRATION FOR DMH CONTRACT PROVIDERS**

DMH Training Requests will no longer be accepted if the Legal Entity has not submitted a Learning Net (LN) System Legal Entity Email Account Form by March 31, 2011. The County of Los Angeles Learning Net System became available January 2010 to all clinical staff who work for DMH contract provider programs. The original memo from Dennis Murata announcing the Learning Net rollout to contract providers was sent November 23, 2009. The Learning Net is an electronic learning management system which provides a more efficient way of meeting an employee's training needs, such as online self registration and cancellation of training, email notification of registration status, as well as access to web-based training.

***Beginning April 1, 2011 DMH Training Request Forms will not be processed if a copy of the Legal Entity Email Account Form is not submitted to the Training Division.*** Training requests for staff under your legal entity will be returned to the email address on the form along with a copy of this memo. Additionally a copy of the LN Access Form must accompany the faxed copy of the DMH Training Request for the staff requesting training.\* The information from the Access Form will be used to add the individual into the LN so that they may self register upon receiving their username and password. Staff under your legal entity who take advantage of DMH-offered training opportunities should not encounter registration snafus if these forms are completed correctly and submitted as requested per this memo.

The forms included with this memo are: Legal Entity/Provider Account Information (this form has been updated); Learning Net System Access Form; and Instructions for Completing the Learning Net System Access Form; and Learning Net Sign On Instructions. A generic email account for the legal entity must be established before clinicians begin submitting Learning Net Access Forms. These forms can be downloaded from the DMH Training Division internet website at <http://dmh.lacounty.gov/training&workforce.html>

If you have questions after reading the attached material, please call DonnaKay Davis at (213) 251-6866.

\*LN Access Form needs to be faxed one time only

Attachments

## **INSTRUCTIONS FOR COMPLETING THE LEGAL ENTITY/PROVIDER ACCOUNT INFORMATION**

**A NEW EMAIL ACCOUNT MUST BE ESTABLISHED FOR EACH LEGAL ENTITY OR EACH PROVIDER UNDER THE LEGAL ENTITY. THE EMAIL ADDRESS WILL BE USED BY THE SYSTEM TO SEND NOTIFICATIONS REGARDING THE STATUS OF THE LEARNER'S REGISTRATION. IN ADDITION, A CONTACT PERSON PER LEGAL ENTITY OR PER PROVIDER MUST BE IDENTIFIED TO PROVIDE OVERSIGHT FOR THE PROCESS. THIS PERSON WILL BE RESPONSIBLE FOR MAINTAINING THE EMAIL ACCOUNT, E.G. OPENS EMAILS AND NOTIFIES THE LEARNER ABOUT THEIR REGISTRATION; KEEPS THE INBOX CURRENT, DISABLES EMPLOYEE ACCOUNTS WHO NO LONGER WORK FOR THE COMPANY, AND NOTIFIES THE DMH TRAINING DIVISION WHEN EMPLOYEES TERMINATE SERVICE.**

**THERE MAY BE ONE EMAIL ACCOUNT ESTABLISHED AT THE LEGAL ENTITY FOR ALL STAFF UNDER THE LEGAL ENTITY OR ONE EMAIL ACCOUNT ESTABLISHED AT EACH PROVIDER UNDER THE LEGAL ENTITY. THIS PRIMARILY DEPENDS UPON YOUR COMPANY'S RESOURCES AND THE NUMBER OF CLINICAL STAFF WHO ROUTINELY TAKE DMH-OFFERED TRAINING. *INDIVIDUAL EMAIL ADDRESSES WILL NOT BE ACCEPTED.***



County of Los Angeles Department of Mental Health

TRAINING DIVISION

DMH Contract Provider

LEARNING NET SYSTEM ACCESS FORM

**Instructions:** All information must be completed to add your name into the DMH Learning Net System. This is required for DMH contract provider personnel to register and attend any DMH offered training.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Starting Date	Last 4 digits of SSN	Rendering Provider NPI (National Provider ID) 10-digit requirement
New <input type="checkbox"/>		
Termination <input type="checkbox"/>		
<input type="text"/>	<input type="text"/>	
Last Name (please print)	First Name and Middle Initial (please print)	
( )	<input type="text"/>	<input type="text"/>
Area Code Telephone No.	*Professional License No.	MF
<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Entity Name	5-digit LE.No.	**Learning Net E-mail Address.
<input type="text"/>	( )	
Address	Area Code	Fax No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Zip	
<input type="text"/>	<input type="text"/>	
Authorized Staff Designated to Sign (print)	Authorized Staff Designated to Sign (signature)	
<p>*Licensed, waived and para-professional staff. DMH does not provide training for clerical and administrative contract personnel. **The email address must be the one designated for the Learning Net. This email is assigned by your legal entity's IT Department.</p>	<p><b>For processing complete and submit to:</b> LAC-DMH Training Division 695 S. Vermont Ave., 15th Floor, Los Angeles, CA 90005 Fax: (213) 252-8776 or 252-8775 Phone: (213) 251-6854</p>	

**INSTRUCTIONS FOR COMPLETING THE LEARNING NET ACCESS FORM  
FOR CLINICAL AND PARA-PROFESSIONAL STAFF WORKING AT DMH LEGAL ENTITIES**

**Starting Date**

Enter the date the staff began working for the legal entity.

**Last four digits of SSN**

Enter the last four digits of the SSN.

**National Provider Identifier**

Enter the rendering provider's NPI.

**New or Termination Check Box**

Check the appropriate box. If the staff is relocating to another provider number under the same legal entity and has previously submitted an access form, do not complete a new form.

**Last Name – First Name and Middle Initial**

Print the staff's last and first name. Include a middle initial if the person has a middle name.

**Area Code/Phone No.**

Enter the area code and telephone number of the rendering provider or enter the area code and telephone number of the authorized staff designated to sign.

**Professional License No.**

If the staff is licensed, registered or wavered, enter the number. If the rendering provider does not have a license leave blank. DMH does not offer training to Administrative and/or support staff.

**M/F**

Enter the staff's gender.

**Legal Entity Name and 4-digit State-assigned Provider No.**

Enter the name of the legal entity and the four-digit provider number where the staff is assigned. If the staff works in more than one provider number enter the primary number.

**Learning Net E-mail Address**

Enter the email address that has been designated for the Learning Net by the legal entity's IT Department. Do not enter an individual's email address. If the email that is entered does not match the Training Division's records the form will be returned.

**Address**

Enter the provider address where the staff is assigned.

**Area Code/Fax No.**

Enter the area code and fax number where the rendering provider is assigned.

**City**

Enter the city where the staff is assigned.

**INSTRUCTIONS FOR COMPLETING THE LEARNING NET ACCESS FORM  
FOR CLINICAL AND PARA-PROFESSIONAL STAFF WORKING AT DMH LEGAL ENTITIES**

**Zip Code**

Enter the zip code where the staff is assigned.

**Authorized Staff Designated to Sign (printed name)**

Enter the name of the person authorized to sign (or his/her designee) for the provider where the staff is assigned. This is the same name as the person authorized to sign CIOB forms.

**Authorized Staff Designated to Sign (signature)**

The signature of the person authorized to sign (or his/her designee) for the provider where the staff is assigned.