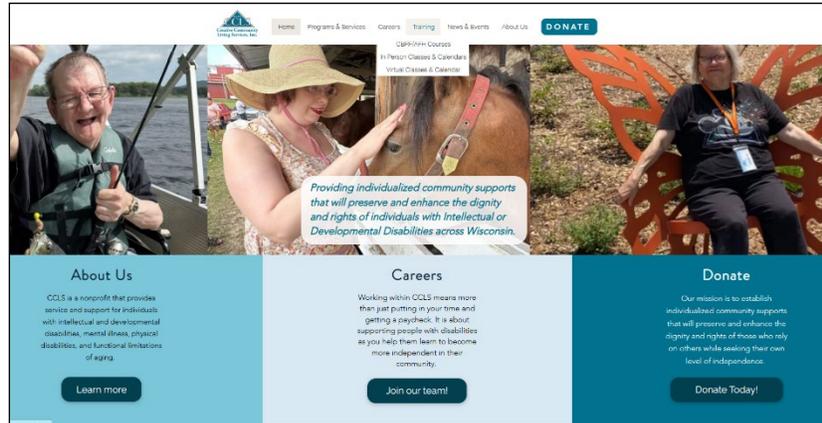


CCLS Training Registration Guide

Website: www.cclswi.org

Choose training option: In-Person or Virtual from home page



or click Training to view this page →

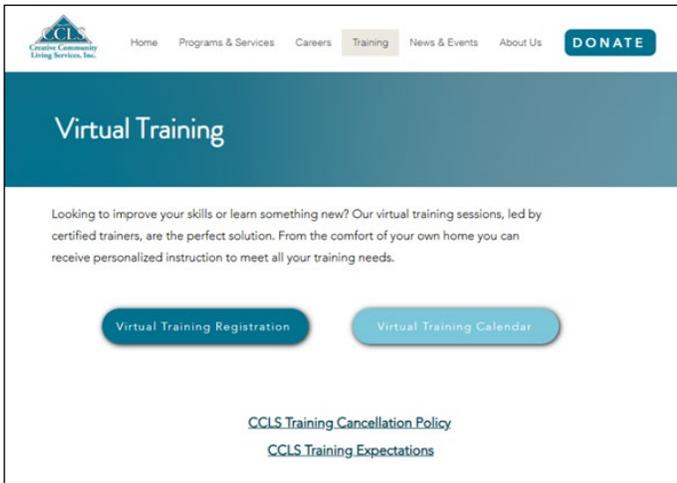
The In-Person and Virtual Class registrations occur in two different databases within the CourseStorm application. Therefore, to take advantage of the coupon shown below, please contact the Training Dept. for details on how to use it.

You will need the following information to register participants:

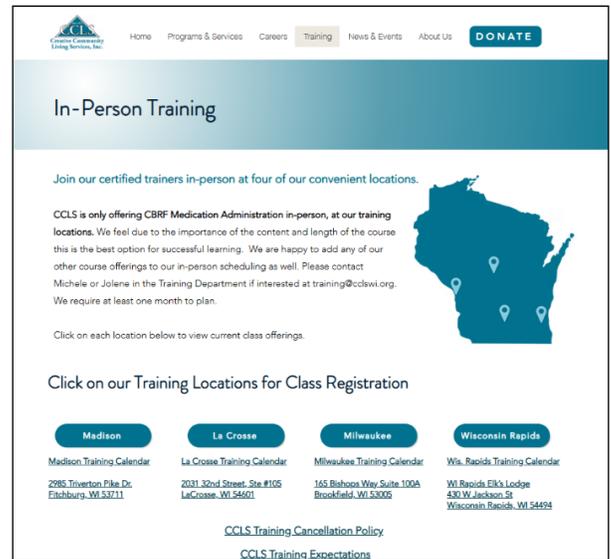
First Name, Middle Initial, Last Name, Participant's personal email address, phone number, home address, city, state and zip code. You will also need the participants' date of birth. This information is used to create a unique personal record on the UWGB State Registry for CBRF Certification of completion of CBRF courses.

Non-CBRF courses will produce a certificate that will be email to the account holder on a roughly bi-weekly basis.

For Virtual Training, click the **Virtual Training Registration** bubble below.



For In-Person Training, which at this time is primarily CBRF Medication Administration, choose the desired **training location** to start the registration process



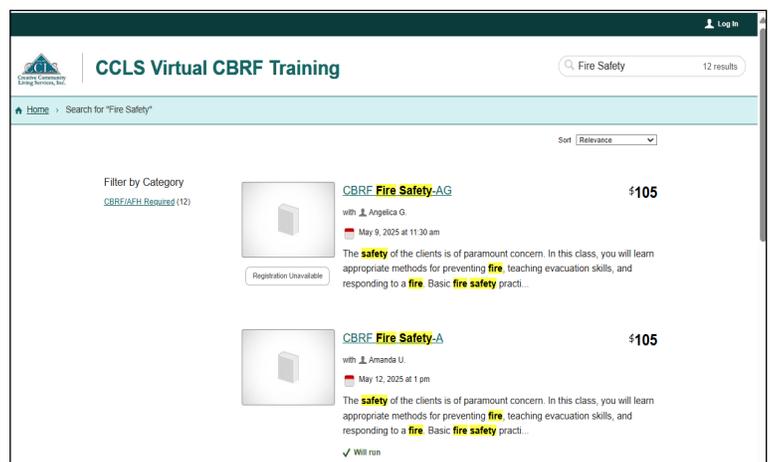
Returning customers - log into their account. There is a “log in” button in the upper right-hand corner of the page,

New customers - browse for the class interested in to start the process.

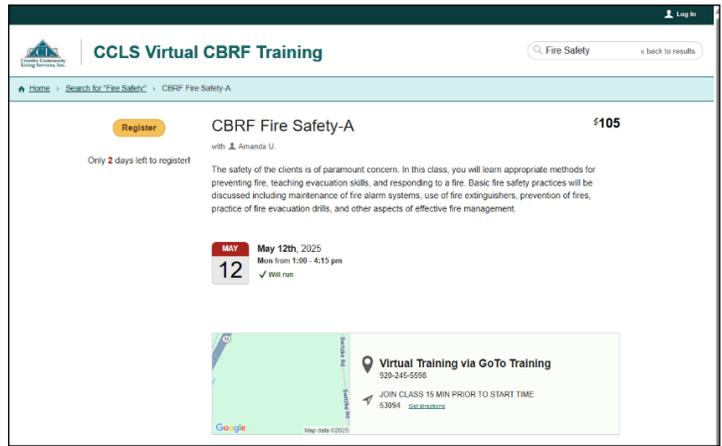
Browse “all classes” or specific classes result in classes shown sorted by date.

Class registration closes the day before the presented class and is noted with “Registration Unavailable”.

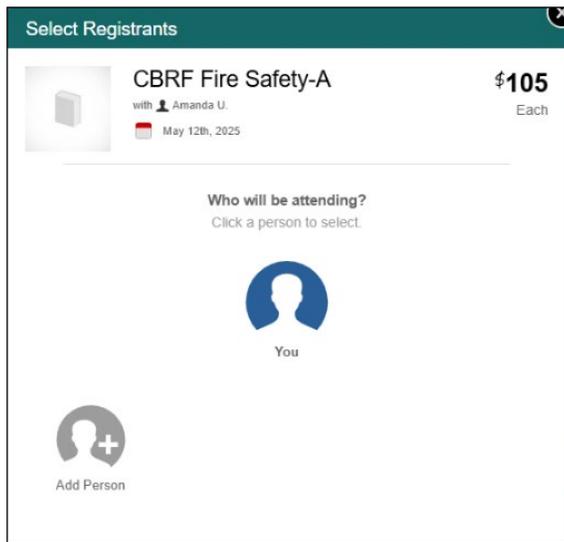
Clicking on the book icon or class text will take you to the next step.



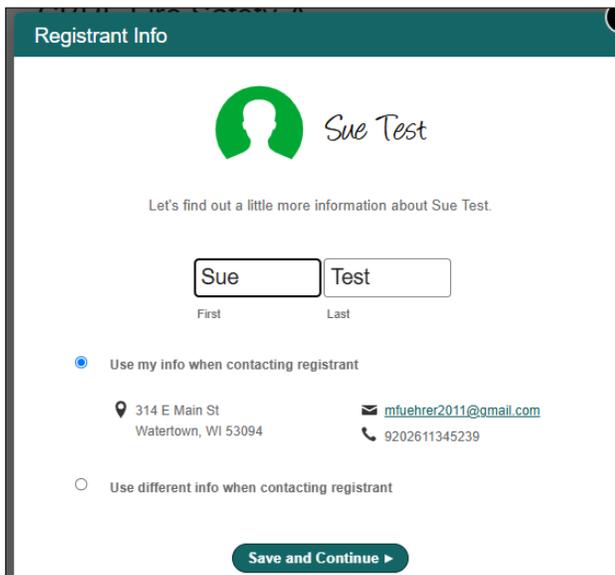
Once the desired class, date and time are verified, click the register button to begin registering staff.



If **you** are the person registering for a class, click on the icon with you under it, if you are registering **someone else**, click on the *add person* icon.



Enter the name of the person taking the class, do NOT enter a middle initial here. Then select "Use different info when contacting registrant" to capture the information of the participant, needed by the instructor to email the class link and prepare the information needed to report successful completion of CBRF class for the UWGB State Registry.



Registrant Info

 Sue Test

Email

Phone

Address

City State Zip

Update Info

The accuracy of capturing this information is crucial for successful lookup on the registry and time efficiency later on.

Enter the PARTICIPANT'S **Email**, Phone, Address, City, State and Zip.

If the information for the student is not available, please fill in what can be, then place a "." in the field of the unknown info.

On this screen, all fields should be filled for the participant attending the classes. NON CCLS must enter **NO** to the first question. This is for our internal staff to register CCLS employees. If the Date of Birth is unknown at this time, please enter **January 1, 1915** as a default.

Registrant Info

 Sue Test

Is the participant a CCLS Employee?

ONLY CCLS EMPLOYEES SHOULD BE YES

Please list the participants main Company/Program OR Cost Center Number

What Company does the participant work for?

Please provide Middle Initial for the participant (This is for WI Registry Records)

*For no middle initial use NMN. **For unknown middle initial use -?- and let us know ASAP when known

Please enter the participants Date of Birth (This is for WI Registry Records)

Student emails are required for them to receive the virtual course link, if STUDENT info. has NOT been entered, please enter THEIR missing name, email, phone #, zip code now. Pls forward registration confirmation if desired.

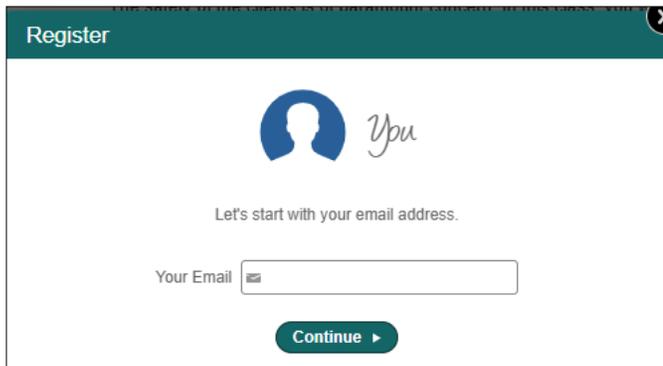
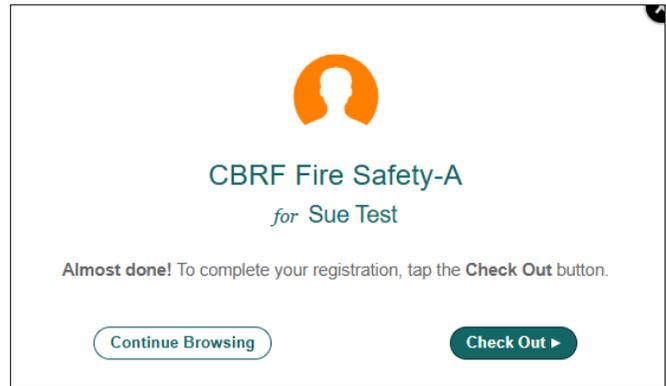
Student emails are required for communication regarding class training and for the state registry only. Contact 920-261-1345 #239 with registration and rescheduling issues.

Notes:

(optional)

Save and Continue ▶

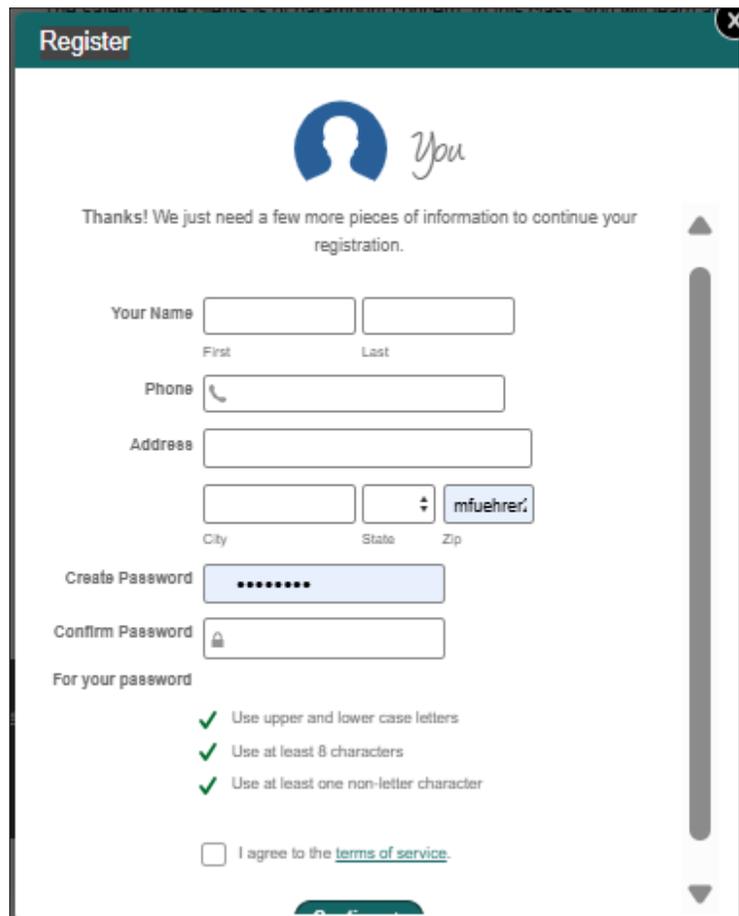
At this point, another class can be added for this person or you can start the checkout process.



This screen will show after clicking the checkout button if this is your first time registering a participant or if you did not log in to start the process.

First Time: This is where you will create a user account for our system. “You” are the account holder. Please enter your email, or if available, an email multiple people have access to so others can do registrations in this account.

Fill in the fields accordingly, creating your “account”. Your password can be shared with coworkers also registering staff for classes and viewing registrations. The email associated to this account will be where the registration confirmation receipts are sent. Make sure notifications@coursestorm.com is in your safe senders list. Or, check with your IT dept. to make sure you can receive the emails.



Review

CBRF Fire Safety-AG **\$106⁹⁹**
Total

with Angelica G.
May 22nd, 2025 [Add promo code](#)

[View Details](#)

Sue Test
Watertown, WI
9202811345

Card payment:

Credit Card Number CVV #

Expiration:

Expiration

Remember card

Billing Zip Code

[Complete Purchase](#)

Upon final checkout, please click view details to ensure you have entered correct information. The screen below will pop up and enable you to “update answers”.

There is a field where you can make notes regarding unknown information or if you aren't sure how to update participant details.

Registrant Info

Sue Test

Is the participant a CCLS Employee?

ONLY CCLS EMPLOYEES SHOULD BE YES

Please list the participants main Company/Program OR Cost Center Number

What Company does the participant work for?

Please provide Middle Initial for the participant (This is for WI Registry Records)

*For no middle initial use MNM. **For unknown middle initial use -? and let us know ASAP when known

Please enter the participants Date of Birth (This is for WI Registry Records)

Student emails are required for them to receive the virtual course link, if STUDENT info. has NOT been entered, please enter THEIR missing name, email, phone #, zip code now. PIs forward registration confirmation if desired.

Birthdate unknown at this time - default entered

Student emails are required for communication regarding class training and for the state registry only. Contact 920-261-1345 #239 with registration and rescheduling issues.

Notes:

(optional)

[Update Info](#)

Review

CBRF Fire Safety-A **\$106⁹⁹**
Total

with Amanda U.
May 12th, 2025 [Add promo code](#)

[View Details](#)

Sue Test
Oconomowoc, WI
9202611345

Card payment:

Credit Card Number CVV #

Expiration:

Expiration

Remember card

Billing Zip Code

[Complete Purchase](#)

Paid registration must be completed prior to participating in class. Enter credit card information.

The receipt will be sent to the email address provided in the “account holder” information. Please **check spam folder** if not found in your inbox.

Make sure notifications@coursestorm.com is in your safe senders list. Or, check with your IT dept. to make sure you can receive the emails.