How to Create an Account to Register for Workshops and Schedule Appointments

Our AAALearns site is a new way for you to find workshops and scheduling appointments!

If you have any questions: aaaregistrations@bouldercounty.org

4 Simple Steps to Create an Account

Step 1: Click on the Create Account Button.

| 😁 LEARN | IS AAA | | Up | coming Workshops 1:1 Appointments |
|---|--|--|--|--|
| Language: English 🖌 | | | | Log In Create Account |
| oulder County Area Agency on Aging | Community Services Department | | | |
| oulder County Area Agency on Aging pro- elect classes and appointments are offered | vides older adults (60+) and caregivers the education and infom d in English and Spanish. | nation that supports healthy aging in their homes and | community. Our workshops and classes are provi | ded by trained, certified and knowledgeable teachers |
| hese classes are for older adults and careg | givers who live in Boulder County. There is no charge, but we do | appreciate <u>donations</u> | | |
| lease create an account if you have not do aarepistraton@bouldercounty.org. | one so before. The process is quick, and we assure you any infor | mation you provide is secure. We are always available | to answer any questions you may have about the | registration process. Please email us at |
| idividual appointments are available to mi | ake with Resource Specialists, Medicare Counselors and Veteran | s Services Officers. Please click on the 1:1 Appointmen | ts button on the top right hand side of this screen | |
| or more information about the Area Agen | cy on Aging, please go to <u>www.bouldercountyaging.org.</u> | | | |
| or information about resources and service | es, please call the AAA Resource Line at 303-441-1617. | | | |
| AQ2 | | | | |
| Jpcoming Workshops | | | | |
| Show All | Calender Verw | | | |
| Filtor By: | Medicare Basics | Medicare Basics | Medicare Basics | Medicare Basics |
| Workshop | Classes provide unbiased, up-to-date information about Medicare enrollment, | Classes provide unbiased, up-to-date information about Medicare enrollment. | Classes provide unbiased, up-to-date information about Medicare enrollment, | Classes provide unbiased, up-to-date information about Medicare enrollment. |
| n | | | | |

Step 2: Make up a username that you can remember or simply use your email address. Click on the Next Button.



Step 3: Provide information to set up your account. We need to ask this information for our funding and we realize they are a lot of questions. Once you set up your account, you can register for workshops and appointments easily.

Remember to write down your Username and Password!

| ate a New Account | |
|--|---|
| the form below to create a new account. | |
| Account Information | |
| elect a username that is at least 6 characters. Username sername: | can be your email address. |
| our password must be at least 8 characters long, contain assword: | at least one uppercase letter, one lowercase letter and one digit. |
| onfirm Password: | |
| First Name: | Last Name: |
| Email: | Phone: |
| Street: | City: |
| State: | Zip: |
| Date of Birth:(MM/DD/YYYY) | What is your preferred language? |
| Gender: Select | Do you identify as transgender? Select |
| Caregiver for an older adult? Select. | Do you want to receive text reminders of workshops and appointments? (Message rates may apply) O Yes. O No. |
| Do you live alone? Select. | If you live alone, is your monthly income below \$1,063? Select |
| | If you have a spouse or partner, is your monthly household income below \$1,437? Select. |
| Are you a veteran? Select. | Are you visually impaired? (Cannot be corrected with glasses) Select |
| What is your race? | What is your ethnicity? |
| Select | Select. |

Step 4: Type your First and Last Name and click on the acknowledgement box. The click on Click to Complete Account Creation. That's it!

| | | If you have a spouse or partner | , is your monthly household income b | elow \$1,437? Select. | * |
|--|--|--|--|---|--|
| Are you a veteran? Select | | Are you visually impaired? (Can | not be corrected with glasses) Select | Ψ | |
| What is your race? Select | • | What is your ethnicity? Select | • | | |
| We commit to legally and ethic and we restrict access to your in required by state or federal law. | ally monaging all in formation to those e | formation shared, both verbally employees who need to know th | r and in writing. We make every o hat information to provide you se | effort to keep your non rvices, except when we | and is committed to keeping your information priva -public, personal information and records confidentic may be obligated to release your information as Community Services in coaching and supporting me |
| | rant funding. If I do | | inge of information, I understand | | |
| I understand that checking this bo | x constitutes a legal sign | nature, confirming that I acknowledge | and agree to the above information. | | |
| Click to Complete Account Cre | ation Cancel | | | | |