Pacific Southwest ATTC/AAAOD 2011 Faith-Based Training Series Registration Form

Today's Date:_____

Participant Contact Information

First and Last Name	
Church/CBO Name	
Street Address	
City, State ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	

Registration Information

Which classes are you interested in attending? (check all boxes that apply)

Enter Type of Continuing Education Credit Needed**

___ Sat. Feb 26, 2011

___ Sat. Apr 9, 2011

___ Sat. Jul 16, 2011

**Types of continuing education credit available: CAADAC (C.A.D.C.), CAADE (C.A.T.C.), CAARR (C.A.S.), Breining Institute (R.A.S.) and CA Board of Behavioral Sciences (MFT, LCSW). Counselors certified by another CA-based certifying organization should indicate type of certification in the space provided above.

Learning Interests

Tell us in which areas you are interested in learning about:

___ Clinical Supervision

___ Drug Education

___ Alcohol and Drug Assessments

___ Competencies of Drug and Alcohol Counselors

___ Documentation/Charting Notes

___ Groups Process

___ Newsletter production

___ Volunteer coordination

___ Continuing Education or other academic/ counseling credits

___ Fundraising

___ Introduction to Motivational Interviewing

___ System Support

___ Gender-Specific/Gender-Responsive Treatment

___ Couples Therapy

___ Treatment for Older Adults

___ Self-Disclosure

___ How to Set-Up 12-Step Meetings

___ Other:

Fax registration to LAM office at 323-230-6271—Attention: Ashlee Perez

Los Angeles Metropolitan Churches
7607 South Western Avenue, Los Angeles, CA 90047
Tel: 323-238-0445; Fax: 323-230-6271
or e-mail registration to: *ashleep@hopics.org*
Website: www.lametro.org