

## Return Information

Please enclose payment with your registration form and return to:

Community Health Center  
Attn: Training Coordinator  
680 East Market St., Suite 400  
Akron, Ohio 44304

Questions?

Call 330.315.3747

Fax 330.434.7125

The Community Health Center is an approved provider of Continuing Education Units by the State of Ohio Counselor, Social Worker, and Marriage & Family Therapist Board.  
(#RCX089008 & #RSX049501)

The Community Health Center is an approved provider of Registered Clock Hours by the State of Ohio Chemical Dependency Professionals Board.

The Community Health Center is an equal opportunity employer and provider of services.

The Community Health Center facilities and services are certified by the Joint Commission on Accreditation of Healthcare Organizations.

For more information please visit our website at [www.commhealthcenter.org](http://www.commhealthcenter.org)



Community  
Health Center  
Focusing On Your Future  
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# Community Health Center

Focusing On Your Future

## 2007 Clinical & Supervision Training Opportunities



### For Counselors, Case Managers, Social Workers & Family Therapists

## Get Your Training Locally

## Training Calendar

## Registration Form

The Community Health Center presents the 2007 training series offered locally in Akron. We invite you to take advantage of these extremely valuable trainings for you and your staff.

Each training offers one or more approved educational hours. Under each training to the right, you will see letters indicating the type of RCH: Clinical (C), Diagnostic (D), Supervision (S) and Prevention (P).

All sessions are held at the Community Health Center, Main Campus, 725 E. Market Street, Akron. Sessions begin promptly at 2:00pm and end at 4:00pm, unless otherwise noted on the training calendar.



### Save Time and Money...

The cost is only **\$25.00\*** per person, per session. Groups of three or more who register together may attend for only **\$20.00** per person. To register by phone or for further information please call 330.315.3747.

*\*Cost of session for professionals not pre-registered is \$30.00.*

### February 16<sup>th</sup>

Cultural Diversity – Multicultural Training – CSP\*  
*Dr. RaJade M. Berry, PhD Public Administration and Urban Studies, The University of Akron*

### March 16<sup>th</sup>

Motivational Interviewing in the Treatment of Patients with Co-occurring Disorders – CSPD\* *Dr. Cynthia Osborn, PhD Counseling, LPCC Kent State University*

### April 20<sup>th</sup>

Suicide Prevention and Risk Management with Patients with Co-occurring Disorders – CSPD\* *Barb Medlock, LSW, Portage Path Behavioral Health Center*

### May 18<sup>th</sup>

Co-occurring Disorders and Treatment Planning Strategies – CSPD\* *Dr. Victoria Sanelli, MD*

### June 15<sup>th</sup>

Domestic Violence and Anger Management – CSPD\*  
*Sue Tucker, MSW, LISW Summit County Domestic Relations Court*

### July 20<sup>th</sup>

Child and Adolescent Disorders – Co-occurring – CSPD\*  
*Mike Fox, MA, PCC, Child Guidance*

### August 17<sup>th</sup>

HIV – Hepatitis C High Risk Behaviors Prevention and Treatment – CSP\*  
*Wendy Adams, LICDC and Kathleen Koechlin RN, MPH, PhD, Ohio Department of Health*

### September 21<sup>st</sup>

Principles of Clinical Supervision – CSP\* (3.0 hrs.)  
Supervisory Issues and Concerns: Ethics and Boundaries – CSP\* (3.0 hrs.) **Location & Time TBA**  
*Nan Franks Richardson, PC, Director of ACCA*

### October 19<sup>th</sup>

Psychopharmacology and the Treatment of Patients with Co-occurring Disorders – CSPD\* *Nancy Winkler, RN, IBH*

### November 16<sup>th</sup>

Gender-Specific Issues in Chemical Dependency Treatment – CS\* *Gayden Fite, MEd, LCDC III*

### December 7<sup>th</sup>

Urine Drug Screening in Chemical Dependency Treatment – CSP\* *Tony Contessa, Medical Technologist, CHC*

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

I plan to attend the following trainings:  
Session: \_\_\_\_\_ Amt. Due: \_\_\_\_\_

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Total Due: \$ \_\_\_\_\_

Please enclose \$25 per session with your registration form.

Method of Payment:

- Cash  
 Check  
 Visa  
 MasterCard  
 American Express

Please make checks payable to Community Health Center.

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_