

Return Information

Please enclose payment
with your registration form
and return to:

Community Health Center
Attn: Cassie Belle
725 East Market Street
Akron, Ohio 44305
Fax 330.315.4414

OR

If you would like to **register online**
and pay via our PayPal site, please
contact us for the direct link!
Cassie.Belle@commhealthcenter.org
or **330.315.3747**

If you have any further questions
about trainings offered at
Community Health Center, please
contact us anytime!

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 Recognized
Clock Hours by the State of Ohio
Chemical Dependency Professionals
Board.



Focusing On Your Future

725 East Market Street
Akron, Ohio 44305
www.commhealthcenter.org

For more information about CHC
please visit our website at
www.commhealthcenter.org

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.

Last updated: 1/10



Focusing On Your Future

2010 Clinical & Supervision Training Opportunities



For Counselors, Case Managers, Social Workers & Family Therapists

Get Your Training Locally

Training Calendar

Registration Form

Community Health Center presents the 2010 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 two 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), Prevention (P) and Field Related (R).

All sessions are held at the Community Health Center, Main Campus, 725 E. Market Street, Akron.

Registration is held 30 minutes prior to each session. Training sessions begin promptly at 2:00pm, unless otherwise indicated.

Please Note: Refunds are not issued unless Community Health Center cancels or reschedules a session or inclement weather arises.

Save Time and Money...

The cost for our 2 hour sessions is **\$25.00*** per person, our 3 hour Ethics session is **\$40.00*** per person and our 6 hour Supervision session is **\$85.00*** per person (lunch included).

To register by phone, if you require special accommodations, or for further information please call **330.315.3747**.

*Cost of session for professionals not pre-registered is increased by \$10 from the initial cost.

February 19th 2:00pm - 4:00pm
Intro to Social Security Disability & Medicare – CSD*
Shifrin, Newman, Smith, Inc. Attorneys at Law

March 19th 8:45am - 12:00pm
Ethics: Gray Matters – CSPR*
Ruth McMonagle, MSW, ACSW, LISW
This training meets the Ohio CSWMFT Board requirement of 3 hours of ethics training per renewal cycle.

April 16th 2:00pm—4:00pm
Obsessive Compulsive Disorders: Treatment – CSD*
Gabrielle Faggella, LISW, ACSW

May 21st 2:00pm - 4:00pm
DBT: Translation into Action – CSP*
Catherine Bixenstine,
Catholic Charities Cuyahoga County

June 18th 2:00pm - 4:00pm
Cultural Diversity – Multicultural Training – CSP*
Mike Byun, Asian Services in Action, Inc.

July 16th 2:00pm - 4:00pm
Domestic Violence: Dynamics and Treatment Considerations— CSP*
Sue Tucker, Juvenile Court

September 17th Time & Location TBA (6hr. Training)
Principles of Effective Supervision – SR*
Ruth McMonagle, MSW, ACSW, LISW
This training meets the Ohio CSWMFT Board requirement of 6 hours of supervision training per renewal cycle.
Separate Brochure will be mailed at a later date

October 15th 2:00pm - 4:00pm
Assessment and Treatment Considerations for persons with Autism Spectrum Disorder – CSPR*
Katie Terry, LISW-S

Please Note: Per ODADAS guidelines, if you are not present at the time the session begins, you are welcome to stay, but will not receive continuing education hours.

Name

Organization

Address

Phone Fax

Email

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Due: \$ _____

Please enclose payment with your registration form.

Method of Payment:

- Cash
- Check
- Visa
- MasterCard

Please make checks payable to Community Health Center.

Credit Card # plus 3 digit code Exp. date

Signature