

## 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

Questions?  
Call 330.315.3747  
Fax 330.315.4414

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 CHC 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)



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Akron, Ohio 44305  
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Focusing On Your Future

*Presents a special training:*

## **Practical Clinical Supervision: Problems, Dilemmas and Solutions**

**September 18, 2009**



***Presented by:  
William L. Mock, PhD,  
LISW, LICDC, SAP***

**For Counselors,  
Case Managers,  
Social Workers, Psychologists  
& Community Workers**

## Welcome



The Community Health Center invites you to

***Practical Clinical Supervision: Problems, Dilemmas and Solutions***

presented by

*William L. Mock, PhD, LISW, LICDC, SAP*

This training will be held on **September 18, 2009**, at:

**Summit County Children Services**

Main Building  
264 S. Arlington Street  
Akron, Ohio 44306

**Registration** will take place from 8:00 - 8:30am (Coffee and continental breakfast will be available)

**The workshop** will begin promptly at 8:30am and will conclude at 4:00pm. There will be two 15 minutes breaks provided as well as a 1 hour lunch break.

A boxed lunch will be provided. (Traditional sandwich, salad, fruit cup, dessert and beverage)

**Cost:**  
**\$99.00** with lunch included.

**Deadline to register:**  
Friday September 11, 2009

*\*Per ODADAS guidelines, if you are not present at the time the session begins, you are welcome to stay, however you will not be permitted to receive CEU/ RCH hours.*

## Meet our Presenter

**William L. Mock** is the Executive Director of the Center for Interpersonal Development and the Chief Trainer for the Ohio Institute for Addiction Studies in Lakewood, Ohio. He is a clinical member of the American Association of Marriage and Family Therapy, a licensed Clinical Psychologist, Licensed Independent Social Worker, Licensed Independent Chemical Dependency Counselor and DOT qualified SAP.

He has expertise in chemical dependency treatment, family systems treatment and organizational systems development. He has provided training and consultation in several countries to such diverse groups as treatment/prevention providers, family therapists, industry leaders, educators, administrators and criminal justice personnel.

**Objectives:**

- Participants will be able to identify 4 of the most common ethical dilemmas identified by lawyers.
- Participants will be able to identify the most common dilemmas identified by mental health practitioners.
- Participants will demonstrate ethics problem solving skills through the use of participant generated ethics problems scenarios.

**Our presenter will be presenting real life case examples and would like your help in advance.** If you have a case example that you would like our presenter to address please email to: [cassie.belle@commhealthcenter.org](mailto:cassie.belle@commhealthcenter.org)

The **deadline** to email case examples is Friday September 3, 2009.

**Continuing Education Units:**

A total of six CEUs and/or six RCHs are available.

*\*This training meets the Ohio CSWMFT Board & Ohio Chemical Dependency Professionals Board requirement of 6 hours of supervision training per renewal cycle\**

## Registration Form

Please enclose payment with your registration form. If you have any questions about this event please call Cassie Belle at 330.315.3747.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

Additional Attendee Names: (if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Method of Payment:

- Cash  
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*Please make checks payable to  
Community Health Center.*

Credit Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ 3-digit code \_\_\_\_\_

Signature \_\_\_\_\_