

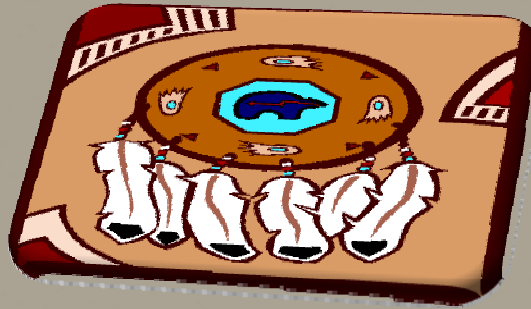
NOVEMBER
19-20, 2009

Empowering Tribes through the Indian Child Welfare Act

*Native American
Legal Resource Center,
Oklahoma City University School of Law*



Pontotoc
Technology Center
601 W. 33rd
Ada, Oklahoma



Accreditation for continuing education has been requested by:

- Council on Law Enforcement Education & Training (CLEET)
- Oklahoma Bar Association (OBA)
- Licensed Social Worker (LCSW)
- Oklahoma Department of Human Services (OKDHS)

Child Abuse Training & Coordination Program (CATC)

1000 NE 10th Street
Oklahoma City, OK 73117
Phone | 405.271.7611
Fax | 405.271.6199
<http://catcp.health.ok.gov>
catcp@health.ok.gov

**Register Deadline
November 16th, 2009**

[Register Online Click Here](#)

Complete the information below if unable to register online.

Submit by fax or mail.

NAME

AGENCY

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CITY STATE ZIP

AREA CODE/PHONE

AREA CODE/FAX

E-MAIL

DISCIPLINE

- Prosecution
- Probation & Parole
- Judge
- Law Enforcement
- Medical
- Mental Health
- Child Welfare
- CASA



Recommended Training for:

- Child Welfare
- Law Enforcement
- Attorney
- Prosecution/Judge
- Medical & Mental Health Professionals

DAY ONE TOPICS NOVEMBER 19, 2009 8:30 – 5:00

- Indian Children in the Legal System
- Federal/State policies regarding Indian Children prior to the ICWA
- ICWA Nuts and Bolts- Basic definitions
- Burdens of proof, Placement preferences
- ICWA Motions and Procedure
- Demonstration
- Group Exercise- Arguing Motions
- Empowering Tribes- Using Knowledge as a Tool
- Adoption and Safe Families Act
- Active Efforts and DHS Responsibilities
- Collaborative Exercise- How to Ensure Active Efforts

DAY TWO TOPICS NOVEMBER 20, 2009 8:30 – 4:00

- Qualifying as an ICWA Expert Witness
- The ICWA worker as a witness
- The community member as a witness
- Testifying as an ICWA Expert Witness
- Group Exercise-So You Think You're an Expert?
- How to Ensure Compliance- DHS Responsibilities- Knowing DHS Requirements
- Group Exercise- Communicating with DHS
- How to Ensure Compliance- DHS Responsibilities- Legal Representation
- Large Group Exercise

[Birth and Death Certificates](#)

[Forms, Regulations, Licensing](#)

[Disease, Prevention, Preparedness](#)

[Child and Family Health](#)

[Community Health](#)

[Protective Health](#)

[Data and Statistics](#)

[Organization](#)

[County Health Departments](#)

[Career Opportunities](#)

[Contact OSDH](#)

[HIPAA](#)

Registration

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*First Name:

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(No dashes, include area code. Ex: 4447779999)

*Email Address:

A valid email address is required to complete the registration process. Please note, a confirmation email will be sent to this email address which is required to finalize the registration process.

Select Registration Type:

Free Training

No Cost

*Agency

*Address

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