

Registration Form

Problem Gambling Training

HOW TO REGISTER

Complete the form below and mail it (with payment, if applicable) to:

By Mail: ODMHSAS, Human Resources Development, 2401 NW 23rd Street, Suite 1F, Oklahoma City, OK 73107

By Fax: Faxed registrations are accepted at 405-522-8320

Name: _____

Home Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____ **E-Mail Address:** _____

I require special accommodations as follows: _____

***Prerequisite** - All individuals seeking certification must complete the program in sequence. Attendees must be a licensed or certified alcohol and drug counselor, a licensed clinician in a behavioral health related field, or under supervision for licensure in a behavioral health related field, Certified Behavioral Health Case Manager or a Certified Peer Recovery Support Specialist.

PAYMENT

Please enclose registration payment. If paying by purchase order (PO), please mail or fax a copy of the purchase order with the name of the attendee(s) included on the PO. If paying by check or money order please make payable to ODMHSAS. Please check all boxes that apply.
No Refunds.

PLEASE CHECK ALL THAT APPLY

LBHP/CADC – April 24-25, 2014 and May 15-16, 2014

EARLY BIRD RATE

\$340 (by April 18)

REGULAR RATE

\$390 (after April 18)

Total Amount of Payment: \$ _____

FORM OF PAYMENT

Check or Money Order

Purchase Order # _____

Credit Card (circle one): Visa/ MasterCard

Credit card # _____

Expiration Date: _____

Cardholder signature: _____

CONTINUING EDUCATION CREDIT REQUESTED

LPC

LMFT

LADC

CPS

CPRSS

CADC

MSW

LCSW

Case Mgmt

Under Supervision

Other _____

For information, call Human Resources Development at 405-522-8300