



Addiction Severity Index (ASI) Update Training

2401 NW 23rd Street, Oklahoma City, OK 73107 (405) 522-8300



Addiction Severity Index (ASI)

Update Training

Program Purpose

The ASI Update Training is intended only for those individuals who have previously attended the two day ASI Training. Some ODMHSAS contracts require providers to update ASI training every five years; this training satisfies that update requirement. Further, this training is intended to enhance interviewer competencies in the correct utilization of the Addiction Severity Index in order to create an assessment driven treatment process, to provide the assessor a better understanding of the crucial considerations for ASAM patient placement, and to understand the relationship of the ASI and ASAM placement criteria in developing correctly individualized, assessment driven treatment plans. The training will also identify the process of continued progress monitoring.

Facilitators

The trainer for Oklahoma City is James Patterson, ICADC and the trainer for Tulsa is Steve Stewart, LPC, LADC, SAP.

Dates and Locations

8:00 AM – 4:30 PM

- February 2, 2015 at Shepherd Mall, 2401 NW 23rd St. Ste. 1F, Oklahoma City, OK 73107
- April 10, 2015 at OSU-Tulsa, 700 N. Greenwood Avenue Room 153, Tulsa, OK 74106
- June 8, 2015 at Shepherd Mall, 2401 NW 23rd St. Ste. 1F, Oklahoma City, OK 73107

Training Fees

The early-bird registration fee is \$85.00 for the training. A rate of \$135.00 will apply for all registrations received within one week of the training date. Current ODMHSAS employees may attend at no cost. *Payment may be made by check, credit card or money order only. No cash please. No refunds. Please note a \$2.50 fee is added if paying by credit card.*

Continuing Education Credits

The Institute for Mental Health and Substance Abuse Education and Training has approved 6.5 continuing education hours through the Oklahoma State Board of Licensed Social Workers, the Oklahoma Board of Examiners of Psychologists, the Licensed Marital and Family Therapist committee, Licensed Alcohol and Drug Counselors and Licensed Professional Counselors committee. Continuing education hours are also approved for Certified Behavioral Health Case Managers and credentialed Peer Recovery Support Specialists.

Certificate of Attendance

Certificates of attendance will be distributed at the end of the training. A course evaluation must be submitted to receive a certificate of completion.

Special Accommodations

Sign interpreters and/or other special accommodations required by disabled participants will be available upon advance request (please allow two weeks' notice). Please indicate on the registration form the type of special accommodations, if any, you require.

In case of inclement weather, the Training Institute will follow the State of Oklahoma schedule for non-essential government employees. Please check www.ok.gov or your local television stations for information.

REGISTRATION FORM

**Addiction Severity Index (ASI)
Update Training**

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.

By Email: Completed forms may be emailed to jejones@odmhsas.org.

REGISTRATION INFORMATION:

Name: _____

Home Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

E-Mail Address: _____

If an e-mail address is included, a confirmation that your registration has been received will be e-mailed to you one week prior to the training.

I require special accommodations as follows: _____

DATES

February 2, 2015 - Oklahoma City

April 10, 2015 - Tulsa

June 8, 2015 - Oklahoma City

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.

FORM OF PAYMENT	EARLY BIRD RATE	REGULAR RATE	ODMHSAS EMPLOYEE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135	<input type="checkbox"/>
<input type="checkbox"/> Purchase Order # _____			
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Credit card # _____	Expiration Date: _____	Cardholder signature: _____	

CONTINUING EDUCATION CREDIT REQUESTED

- | | | | | | |
|------------------------------------|-------------------------------|-------------------------------|---------------------------------------|------------------------------|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> LPC | <input type="checkbox"/> LMFT | <input type="checkbox"/> Psychologist | <input type="checkbox"/> CPS | <input type="checkbox"/> Under Supervision |
| <input type="checkbox"/> PRSS | <input type="checkbox"/> CADC | <input type="checkbox"/> LADC | <input type="checkbox"/> LCSW | <input type="checkbox"/> CM | <input type="checkbox"/> Other _____ |