CLINICAL SUPERVISION TRAINING (Limited Seating)

The Department of Drug and Alcohol Programs is pleased to announce the next session of Clinical Supervision Training. This comprehensive 5-day training fulfills the training requirements for Clinical Supervisors and helps prepare attendees to take the exam for certification through the PA Certification Board (PCB).

The sessions will combine both didactic and experiential components. The focus of the training will be on the understanding and implementation of the skills necessary to function as a clinical supervisor for individual and group therapy. Special issues such as the distinctions between therapy and supervision, addiction theories of supervision, and dependency will be discussed. Attendees will have the opportunity to practice supervisory sessions.

Individuals who wish to register must submit a completed registration form along with a check or money order made payable to the Commonwealth of PA. The course fee is $300 per person.

Seminar dates:

**Eastern region:** November 4-8, 2019 (9:00am to 4:00pm) – Peirce College 1420 Pine Street Philadelphia, PA 19102 led by Robert Klein and Edward Haaz

**Central region:** December 9-13, 2019 (9:00am to 4:00pm)– Penn Wells Lodge 4 Main Street Wellsboro, PA 16901 led by Paula Sanchez and Thomas Gonzalez

Important: You cannot be registered until DDAP has received both your completed registration form and payment. Registration is on a strictly first come, first serve basis. If the current session is full, you will be automatically added to a waitlist and contacted if a seat becomes available. If a seat does not become available, you will be offered the opportunity to register first for the next session of Clinical Supervision Training.

Seating is limited! Please register now, see the second page of this announcement for the registration form or go online to [https://www.ddap.pa.gov/Professionals/Pages/Training-Announcements.aspx](https://www.ddap.pa.gov/Professionals/Pages/Training-Announcements.aspx)

All questions relative to this training opportunity can be forwarded to RA-DATRAINING@pa.gov or (717) 736-7452.
GENERAL INFORMATION

The Department of Drug and Alcohol Program’s (DDAP) Training Section is currently accepting registration requests for its upcoming Clinical Supervision Training.

**PLEASE NOTE:** Seating for this course is limited. Once the registration form and payment have been received, participants will be registered strictly on a first-come, first-serve basis.

In the event that course capacity is met before receipt of your request, your check will be returned to you.

If you do not already have a Training Management System (TMS) account with DDAP, you must create one prior to completing this registration form by signing up at: [https://apps.ddap.pa.gov/TMS/](https://apps.ddap.pa.gov/TMS/)

After obtaining a TMS User ID, please complete the following to register for the course.

COURSE SCHEDULE AND LOCATIONS

The course will be held from 9:00 a.m. to 4:00 p.m. on the dates listed below. Students will be given a 1-hour lunch period to purchase lunch on their own. Please indicate your **REQUESTED** training location:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Venue</th>
<th>Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia, PA</td>
<td>November 4-8, 2019</td>
<td>Peirce College 1420 Pine Street Philadelphia, PA 19102</td>
<td>Robert Klein and Edward Haaz</td>
</tr>
<tr>
<td>Wellsboro, PA</td>
<td>December 9-13, 2019</td>
<td>Penn Wells Lodge 4 Main Street Wellsboro, PA 16901</td>
<td>Paula Sanchez and Thomas Gonzalez</td>
</tr>
</tbody>
</table>

☐ Check here **ONLY** if you are willing to attend the training at the alternate location if requested site is unavailable.

REGISTRANT INFORMATION

Participant Name: ____________________________________________________________
Street Address (Line 1): ____________________________________________________
Street Address (Line 2): ____________________________________________________
City, State, Zip: ____________________________________________________________
Telephone: (       ) - ________________________ TMS Username: ___________________
Email: ________________________________________________________________

PAYMENT INFORMATION

Please submit a check in the amount of $300 made payable to the “Commonwealth of Pennsylvania”. This registration form and check should be mailed to the following address:

Department of Drug and Alcohol Programs
ATTN: Training Section
2601 North 3rd Street
One Penn Center, 5th Floor
Harrisburg, PA 17110