



Ethics & Boundaries for Effective Practice (TR382) Registration Form

Training 1 of the Integrated Treatment Series for Co-Occurring Disorders

Please complete and submit this form by February 6, 2015. You may also register online at www.fsabc.org/cod-01. This training will take place on Tuesday, February 10, 2015 from 9:00 AM to 4:30 PM at Family Service in Langhorne, PA.

Name: _____ Degree: _____

Company/Organization: _____

Job Title/Position: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____ Fax: _____

Type of Credit Desired (check one): 6 hours; \$35.00 fee

APA CEU LSW/LCSW/LPC/LFT NAADAC NBCC

PA Act48 - Professional ID Number _____

Additional Credits (check one): additional \$35.00 fee applies

PCB /CAC/CACD/CCDP/CCDP-D PSNA

CPRP - Certification Number _____

Please return this form with your payment by February 6, 2015 to:

Family Service Association of Bucks County
Attn. Gerri Parrish
4 Cornerstone Drive
Langhorne, PA 19047

Questions? Contact Gerri Parrish, Clinical Supervisor of Behavioral Health,
at gparrish@fsabc.org or 215.757.6916, ext. 109.