

**The Behavioral Health Training & Education Network and  
The Pennsylvania Department of Health and the Bureau of  
Drug and Alcohol Programs presents**

## State Mandated Trainings

**Confidentiality**

October 21, 2010  
December 15, 2010

**Pennsylvania Client Placement Criteria, (PCPC)**

October 7, 2010 November 8, 2010  
December 14, 2010

**TB/STD**

September 24, 2010  
November 19, 2010

**TIME:** Sign-in: 8:30AM, Program: 9 — 4:00 PM, Except TB/STD 9 — 1:00 PM

*\*If you miss more than 30 minutes of class time (arriving late, leaving early, etc.)  
you will not receive credit for having attended*

**PLACE:**

The Behavioral Health Training & Education Network  
520 N. Delaware Ave., 7th Floor Suite C  
Philadelphia, PA 19123  
(BHTEN is located in the Riverview Place Building, corner of Delaware Ave. &  
Spring Garden St. -Entrance on Spring Garden St.)

**COST:** \$ 20.00 per person, per training (pre-paid registration fee)

**CREDITS:** 6 PCB Approved credit hours for PCPC & Confidentiality  
4 PCB Approved credit hours for TB/STD

**SPECIAL NEEDS:** *Please indicate special needs on registration form*

**Bad Weather?** Please call (215) 923-2116 ext. 401 to check on any delays  
or cancellations

**Parking?**

- Parking is not provided and metered parking is very limited
- BHTEN is unable to provide or make change for the meters.
- Public transportation is strongly recommended.
- Please plan accordingly and arrive early.

**Questions?** Ms. Dineke Briggs, Clerical Assistant at (215) 923-2116, ext. 293

**Clothing  
Suggestion:** Maintaining a room temperature, which is comfortable for  
everyone is very difficult; you may want to wear layered clothing  
and/or bring a light sweater/jacket should the room become too cool.

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Registration Information: Pre-registration is required

- Fee: \$20.00 per person, per training.
- Make agency or personal checks or money orders payable to The Consumer Satisfaction Team  
\* Money will not be refunded due to participant cancellation \*
- Payment & registration form must be submitted together and registration cannot be done by fax nor telephone
- **Mail check and registration form to:**  

The Behavioral Health Training and Education Network  
c/o BHTEN Clerical Assistant  
520 North Delaware Avenue, Suite 7C  
Philadelphia, PA 19123
- Registration Deadline: 10 days before the specific training date
- Registration will be closed once seating capacity is reached; Registration is done on first come, first served basis
- Class Limit is 25 people for PCPC and Confidentiality – **Each Program May Send Up to 2 Participants only**
- Class Limit is 50 people for TB/STD – **Each Program May Send Up to 2 Participants (No exceptions)**
- Registration: 8:30AM, Program begins promptly at 9 AM and ends at 4 PM, Except TB/STD 9 AM - 1 PM

Confirmation of registration: TRAINEES WILL RECEIVE E-MAIL CONFIRMATION FROM THE BDAP TRAINING MANAGEMENT SYSTEM (BTMS) WHICH THEY SHOULD BRING WITH THEM

To Register: Complete the requested information for the agency contact person and for each attendee. Please type or print clearly

Agency Name \_\_\_\_\_

Contact Person and Position \_\_\_\_\_

Agency Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

FAX # \_\_\_\_\_

### Participant Names and Programs

*(Please circle all sessions you wish to attend; also indicate the date for the desired PCPC session)*

1. \_\_\_\_\_

PCPC:            Date: \_\_\_\_\_            NAME (please print) \_\_\_\_\_

Confidentiality: Date: \_\_\_\_\_            PROGRAM \_\_\_\_\_

TB/STD:            Date: \_\_\_\_\_            LAST 4 DIGITS of SS # \_\_\_\_\_            Specials needs: \_\_\_\_\_  
(e.g. XXX-XX-2222)

2. \_\_\_\_\_

PCPC:            Date: \_\_\_\_\_            NAME (please print) \_\_\_\_\_

Confidentiality: Date: \_\_\_\_\_            PROGRAM \_\_\_\_\_

TB/STD:            Date: \_\_\_\_\_            LAST 4 DIGITS of SS # \_\_\_\_\_            Specials needs: \_\_\_\_\_  
(e.g. XXX-XX-2222)