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

State Mandated Trainings

Confidentiality
January 15, 2019
March 21, 2019

Screening & Assessment
February 20, 2019

TB/STI
January 29, 2019
March 27, 2019

Practical Applications of Confidentiality
January 11, 2019
March 15, 2019

Addictions 101
February 11, 2019

Basic HIV
February 4, 2019

All dates are tentative pending DDAP approval.

TIME: 9:00 AM to 4:00 PM...Basic HIV, Addictions 101, Screening & Assessment,
                    Confidentiality, and Relapse Prevention
               9:00 AM to 1:00 PM...TB/STI
               9:00 AM to 12:00 PM...Practical Applications of Confidentiality

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

You MUST have a user profile set up on the DDAP Training Management System (TMS) before
attending the class. Go to the DDAP TMS website to set up your profile...
https://apps.ddap.pa.gov/TMS/

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, on the SW corner of Delaware Avenue & Spring Garden Street
               with the entrance on Spring Garden Street)

Cost: $25.00 per person: Basic HIV, Addictions 101, Screening &
                                       Assessment, Confidentiality,
               $15.00 per person: TB/STI & Practical Applications

Credits: 6 PCB Approved Credit Hours: Basic HIV, Addictions 101, Screening,
                                       Confidentiality,
               4 PCB Approved Credit Hours: TB/STI
               3 PCB Approved Credit Hours: Practical Applications of Confidentiality

Special Needs: Please indicate any special needs on registration form

Bad Weather: Please call (215) 923-2116 ext. 401 to check on delays/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.

Registration Information: Pre-registration is required

- Fee: **$25.00 per person; TB/STI & Practical Applications fee: $15.00 per person**
- Make agency or personal checks or money orders payable to **The Consumer Satisfaction Team**
  * Money will not be refunded due to participant cancellation *
- Registration and payment may be made on-line.
- If.paying by check, payment & registration form must be submitted together. Mail check and registration form to:
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> **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 **30 people** for all DDAP trainings.
- Registration: 8:30AM, Program begins at 9 AM and ends at 4 PM; TB/STI, 9 AM - 1 PM; Prac Apps, 9AM—Noon

Confirmation of registration: TRAINEES WILL RECEIVE E-MAIL CONFIRMATION FROM THE DDAP TRAINING MANAGEMENT SYSTEM (TMS) WHICH THEY SHOULD BRING WITH THEM. **You MUST have a user profile set up on the DDAP Training Management System (TMS) prior to attending class**

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 indicate the date for the desired sessions)

Confidentiality   Date:_____   1. _____
TB/STI   Date:_____   NAME (please print)
HIV   Date:_____
Addictions 101 Date: _____   _____   _____
Screening   Date:_____   PROGRAM   TITLE
Prac Apps   Date:_____   _____   _____
                                                                     E-MAIL ADDRESS   SPECIAL NEEDS:

Confidentiality   Date:_____   2. _____
TB/STI   Date:_____   NAME (please print)
HIV   Date:_____
Addictions 101 Date: _____   _____   _____
Screening   Date:_____   PROGRAM   TITLE
Prac Apps   Date:_____   _____   _____
                                                                     E-MAIL ADDRESS   SPECIAL NEEDS