

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

State Mandated Trainings

Confidentiality

April 23, 2019
June 10, 2019

Addictions 101

May 29, 2019

Screening & Assessment

April 8, 2019
June 17, 2019

Practical Applications of Confidentiality

May 17, 2019

Relapse Prevention

May 6, 2019

TB/STI

April 19, 2019
June 21, 2019

Basic HIV

May 20, 2019

**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/>

(For more questions on setting up a profile, call DDAP at 717-783-8200)

**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, Relapse Prevention
\$15.00 per person: TB/STI & Practical Applications**

**Credits: 6 PCB Approved Credit Hours: Basic HIV, Addictions 101, Screening,
Confidentiality, & Relapse Prevention.
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.**

Confidentiality

April 23, 2019
June 10, 2019

Addictions 101

May 29, 2019

Screening & Assessment

February 20, 2019
June 17, 2019

Practical Applications of Confidentiality

May 17, 2019

Relapse Prevention

May 6, 2019

TB/STI

April 19, 2019
June 21, 2019

Basic HIV

May 20, 2019

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 *
- If paying by check, payment & registration form must be submitted together. 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 **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: _____		PROGRAM TITLE
Screening	Date: _____		_____
Prac Apps	Date: _____		E-MAIL ADDRESS SPECIAL NEEDS:
Relapse	Date: _____		_____

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