Valeo Behavioral Health Care

Continuing Education Registration From

1. **Complete all sections 2) get your supervisor to review and sign approval 3) scan, fax or interoffice mail the completed form to SUSAN ANSPAUGH at 330 SW Oakley (FAX # 785-233-0085).**

Name: Employee ID:

Credentials: License Number:

**Title of Workshop/Seminar: Cultural and Clinical Competence in Work with Transgender Clients**

**Time/Date/Location of Workshop**: **Date/Location: Thursday, October 5, 2017 in the LLCR at 330 SW Oakley**

**Registration/sign in: 8:30-9:00**

**Start Time: 9:00 a.m.**

**End Time: 12:00 noon**

**Fees:** (check one) 🞏 Scholarship request-no fee $ No Fee

🞏 Early Bird Registration through Sept. 6, 2017 $ 45.00

🞏 Regular Registration: Sept 76-Oct. 4, 2017 $ 60.00

🞏 At door Oct. 5, 2017 $ 75.00

**\*Additional CE Benefits:** There is no deduction from your CE time allotment benefit for attending Valeo workshops

**Check One:**

🞏 Pay with my **2017** CE benefit fund. I work in the: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program. Our program code is: \_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 I am not using CE funds. I have attached private payment

🞏 Requesting scholarship. I am non-credentialed (staff or intern) I work in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_program

**You will be notified by email up on completion of your registration**

**🡺Refund Policy**: See policy from attached full brochure

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Scholarship application 🞏 Approved 🞏 Not approved-reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Email sent: 🞏 Yes BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continuing Education Credits:** Valeo BHC is an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board. License #11-001. This course is approved for 3.0 contact hours.

Valeo BHC is an approved provider, of continuing nursing education by the Kansas State Board of Nursing, license #LT0127-1205. This course is approved for 3.0 contact hours, applicable for RN, LPN, or LMHT re-licensure.