

Certified Clinical Supervisor Renewal Training

Date: July 21, 2017

Cost*: IAAP/NAADAC Members \$100.00
Non Members \$125.00

**If registering after July 11th add \$10.00*

Title: *Integrating Addictions Treatment into Theories of Counseling for Clinical Supervisors, Continued*



Don is director and professor of the graduate clinical addictions counseling program at Indiana Wesleyan University. Don is the past chair of the National Addiction Studies Accreditation Commission (NASAC) and is a past national president of NAADAC. In Indiana he is licensed in Clinical Addictions, Mental Health, Social Work and Marriage and Family Therapy. Nationally he is certified as a Master Addiction Counselor. His PhD is in Guidance and Psychological Services with a Specialization in Counselor Education and Clinical Supervision from Indiana State University.

Workshop Description: July 21st

Dr. Osborn will continue to survey and convey findings on integrating addictions treatment into theories of counseling. The objectives are to improve the understanding and application of counseling theory for those doing clinical supervision with students and clinicians. Salient concepts and components related to effective techniques and skills will be examined. Addictions counseling and treatment dynamics will be an integrative part of the theories surveyed. Some attention will be given to ethical considerations for the clinician's scope of practice. Participants will find this workshop enhances their expertise and accountability as consummate professionals.

- *Registration Opens: 8:30am*
- *Session: 9:00am - 12:00pm*
- *Lunch on your own: 12:00pm - 1:15pm*
- *Session Conclusion: 1:15pm - 4:30pm*

Location:

Indiana Wesleyan University - 3777 South Priority Way South Drive - Indianapolis, IN 46240

Certified Clinical Supervisor Renewal Training Registration

Name: _____ Certification Number: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Registration Fee _____
Late fee after July 11 _____
Convenience Fee _____
Total Amount Paid \$ _____



Refund Policy: Refunds will be issued, minus a \$15 service charge, if requested on or before 7/11/2017.

Method of Payment: Check (Checks payable to IAAP) Credit Card (add \$5 convenience fee)
Card # _____ CVV Code _____ Exp. Date _____
Signature _____ Zip Code _____

Return to: IAAP Central Office · 2346 S. Lynhurst Drive, Suite D101 · Indianapolis, IN 46241
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