“INTEGRATING FAMILY MEMBERS AS STAFF IN A PROFESSIONAL ENVIRONMENT” (A031)

2009 Youth and Family Training Institute Videoconference and Webcast Series
Quiz for General CEUs, Act 48, CADC/CCDP, CPRP, NBCC, PCHA, Psychologist, and Social Work/LPC/LMFT Continuing Education Credit (2.0 credit hours)

DIRECTIONS: Complete this test after viewing the web cast of the webcast listed above. In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign where indicated on the second page and return both forms by mail to:

Jennifer Lichok
WPIC/OERP
3811 O’Hara Street
Champion Commons, Third Floor
Pittsburgh, PA 15213

TRUE/FALSE – Please indicate whether the following statements are true or false.

1. The process of change includes: tell, sell, encourage and empower.
   A. True
   B. False

2. It is not important for your staff to be culturally competent when working with family members.
   A. True
   B. False

3. The same rules apply for the family members that apply to professional employees.
   A. True
   B. False

4. To be an effective family member in a professional environment, the individual should have had success in raising a child with significant emotional and behavioral challenges.
   A. True
   B. False

5. The family member working in a professional environment will NOT receive criticism.
   A. True
   B. False

6. A family member behaves as a friend to the consumers they are helping.
   A. True
   B. False

7. It is important for family members to be familiar with office culture before being integrated as staff.
   A. True
   B. False

PLEASE CONTINUE TO NEXT PAGE
8. Family members must follow HIPPA rules when working as staff.
   A. True
   B. False

9. Family members should receive training before and during their tenure as an employee, but it is not necessary for other staff members to be trained on working with a family member.
   A. True
   B. False

10. Family members can work with large community outreach events, smaller group sessions and in one-on-one sessions.
    A. True
    B. False
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APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, Act 48, CADC/CCDP, CPRP, NBCC, PCHA, Psychologists, and Social Work/LPC/LMFT (2.0 CREDIT HOURS)

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by viewing this program, we request that you follow the directions below:
1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. Return with payment to: Jennifer Lichok
   WPIC/OERP
   3811 O’Hara Street
   Champion Commons, Third Floor
   Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

__________________________  __________________________
Signature                         Date Completed

PLEASE PRINT CLEARLY:

Social Security Number (last five digits only)  Mailing Address

Name                                City                                 State                              Zip Code

Phone #                             Email address

TYPE OF CREDIT: Please Indicate Your Certification Needs
☐ Act 48: Educators (please complete Act 48 packet)  ☐ CAC/CCDP: Certified Addiction Counselor
☐ CEU: General Continuing Education Credit  ☐ CPRP: Certified Rehabilitation Practitioners
☐ NBCC: National Board of Certified Counselors  ☐ PCHA: Personal Care Home Administrators
☐ Psychologist  ☐ SW/LPC/LMFT: Social Work (LCSW, MSW)

PAYMENT ENCLOSED:
☐ $30 for Act 48, CADC/CCDP, CEU, CPRP, NBCC, PCHA, Psychologist, or Social Work credit

PAYMENT TYPE:
☐ Check #________________________(Check payable to OERP/WPIC)

☐ Credit Card # ___________________________ Expiration Date: _______ ID#: ______

   Type of Credit Card: ___________________________ Signature ___________________________

☐ UPMC Account Transfer: Dept. ID: ____________________ Account # ____________________

   Administrator’s Name ____________________ Administrator’s Signature ____________________

Please mail these two forms to the above address. If your score is 80% or above, you will receive a certificate via mail. If you have any questions please call Jennifer Lichok at 412-204-9088.