“ETHICAL AND LEGAL ISSUES IN EVERYDAY CHILDREN’S MENTAL HEALTH PRACTICE (A032)

2009 Youth and Family Training Institute Videoconference and Webcast Series
Quiz for General CEUs, Act 48, CADC/CCDP, NBCC, Psychologist, and Social Work/LPC/LMFT
Continuing Education Credit (3.0 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. A child age 14 to 18 must consent to treatment in order to be seen.
   A. True
   B. False

2. If a child age 14 to 18 does not consent to treatment, and his/her parents are divorced with joint legal custody, the consent of both parents is needed.
   A. True
   B. False

3. If parents were never married, the best risk management decision is to treat a situation as a joint legal custody.
   A. True
   B. False

4. Foster parents can give consent for treatment of their foster children, even if they are not the legal guardian.
   A. True
   B. False

5. For inpatient treatment, consent of only one parent is required regardless of legal custody.
   A. True
   B. False

6. When minors age 14 to 18 do not consent to treatment, their parents (or legal guardians) control the release of records in all situations.
   A. True
   B. False

7. Minors age 14 and over who consent to treatment control release of information and access to records.
   A. True
   B. False

PLEASE CONTINUE TO NEXT PAGE
8. Lack of timely feedback is the most common basis of ethical complaints regarding supervision.
   A. True
   B. False

9. Cultural competence is an important component of good supervision.
   A. True
   B. False

10. Child abuse committed by non-caregivers does not come under the mandated reporting law.
   A. True
   B. False

11. You do not need to make a report of child abuse if a minor has consensual sex with someone age 19.
    A. True
    B. False

12. You are not mandated to report abuse unless you have a professional relationship with the victim, or the victim is seen in the agency, organization, or institution where you work.
    A. True
    B. False
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APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, Act 48, CADC/CCDP, NBCC, Psychologists, and Social Work/LPC/LMFT (3.0 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 ☐ NBCC: National Board of Certified Counselors
☐ Psychologist ☐ SW/LPC/LMFT: Social Work (LCSW, MSW)

PAYMENT ENCLOSED:
☐ $30 for Act 48, CADC/CCDP, CEU, NBCC, 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.

Office of Education and Regional Programming