

Western Psychiatric Institute and Clinic
Office of Education and Regional Programming

“IDENTIFYING AT RISK OLDER ADULTS WHO MAY NEED BEHAVIORAL HEALTH SERVICES AND SUPPORT” (A012)

APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR General CEUs, CAC, CPRP and Social Work CREDIT ONLY (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
4601 Baum Blvd, Room 178
3811 O'Hara Street
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

CAC: Certified Addiction Counselor

CPRP: Certified Psychiatric Rehabilitation Practitioner

CEU: General Continuing Education Credit

SW: Social Work

PAYMENT ENCLOSED:

\$30 for CAC, CPRP and SW credit only.

\$15 for General CEU (not for professional licensure)

PAYMENT TYPE:

Check # _____ (Check payable to OERP/WPIC)

Credit Card # (_____) Expiration Date: _____

Type of Credit Card: _____ Signature _____

UPMC Account Transfer: Dept. ID: _____ Account # _____

Administrator's Name _____ Administrator's Signature _____

PLEASE RETURN WITH PAYMENT TO OERP/WPIC TO RECEIVE CREDIT FOR PROGRAM
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 contact Jennifer Lichok at 412-802-6915.

For information on our upcoming programs visit our web site at: <http://www.wpic.pitt.edu/oerp>