



UPMC | University of Pittsburgh
Medical Center

*Western Psychiatric Institute and Clinic
Office of Education and Regional Programming*

**“EVIDENCE BASED TREATMENT IN PSYCHIATRY FOR CHILDREN AND ADOLESCENTS” (A006)
APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR CERTIFIED ADDICTION COUNSELORS 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
Western Psychiatric Institute and Clinic
Office of Education and Regional Programming
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

<input type="checkbox"/> CAC: Certified Addiction Counselor	<input type="checkbox"/> CEU: General Continuing Education Credit
<input type="checkbox"/> Social Work	

PAYMENT ENCLOSED:

- \$30 for CAC 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 your certificate via mail. If you have any questions please call Jennifer Lichok at 412-802-6915.

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