



UPMC | University of Pittsburgh
Medical Center

Western Psychiatric Institute and Clinic

Office of Education and Regional Programming

“FETAL ALCOHOL SPECTRUM DISORDERS: CURRENT PRACTICES” (A030)

2009 Youth and Family Training Institute Videoconference and Webcast Series

Quiz for General CEUs, Act 48, CAC/CCDP, NBCC, Psychologist or 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
4601 Baum Building, Room 178
3811 O’Hara Street
Pittsburgh, PA 15213

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

1. **Fetal Alcohol Spectrum Disorder is a mental health diagnosis.**
A. True
B. False
2. **Fetal Alcohol Spectrum Disorder is preventable.**
A. True
B. False
3. **Drug use contributes to Fetal Alcohol Spectrum Disorder.**
A. True
B. False
4. **There is a proven “safe” amount of alcohol to use during pregnancy.**
A. True
B. False
5. **A characteristic of Fetal Alcohol Spectrum Disorder is large head and bulging eyes.**
A. True
B. False
6. **With early diagnosis and treatment there is a cure to Fetal Alcohol Spectrum Disorder.**
A. True
B. False
7. **Paternal alcohol use leads to Fetal Alcohol Spectrum Disorder.**
A. True
B. False
8. **Fetal Alcohol Spectrum Disorder is a medical diagnosis.**
A. True
B. False
9. **Pennsylvania has created a 10-year plan of combating Fetal Alcohol Spectrum Disorder.**
A. True
B. False



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**APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR
General CEUs, Act 48, CAC/CCDP, NBCC, 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
4601 Baum Building, 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*

<input type="checkbox"/> CAC/CCDP: Certified Addiction Counselor	<input type="checkbox"/> CEU: General Continuing Education Credit
<input type="checkbox"/> NBCC: National Board of Certified Counselors	<input type="checkbox"/> Psychologist
<input type="checkbox"/> SW/LPC/LMFT: Social Work (LCSW, MSW), Licensed Professional Counselor	
<input type="checkbox"/> Act 48 (Educators) Professional Personnel ID #: _____ (please complete Act 48 packet)	

PAYMENT ENCLOSED:

- \$30 for Act 48, CAC/CCDP, NBCC, Psychologist or Social Work credit.
- \$15 for General CEU (**not** for professional licensure)

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 412-802-6915.