



**UPMC** | University of Pittsburgh  
Medical Center

*Western Psychiatric Institute and Clinic*

*Office of Education and Regional Programming*

**“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, CAC/CCDP, NBCC, Psychologist or 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  
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. **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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**“ETHICAL AND LEGAL ISSUES IN EVERYDAY CHILDREN’S MENTAL HEALTH PRACTICE” (A032)**

**APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR  
General CEUs, Act 48, CAC/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  
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:**

|   |  |
|---|--|
| <b>Social Security Number (last five digits only)</b> | <b>Mailing Address</b>   |
| <b>Name</b>   | <b>City</b> <span style="margin-left: 100px;"><b>State</b></span> <span style="float: right;"><b>Zip Code</b></span> |
| <b>Phone #</b>  | <b>Email address</b>   |

**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.

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