

The CCB Science to Service Learning Series[®]
Medication Assisted Recovery

Instructors: Marshall Rosier and Dr. Pat Mulready
with additional invited guest speakers and presenters

- ✓ Blended Cohort Model much like a college course
 - Combination of workshops and self-paced learning modules
- ✓ Earn over 50 hours of CCB approved training
 - Hours approved for initial certification or recertification
- ✓ 30 hours of self-paced distance learning using TIP 40, TIP 43, TIP 35 (SAMHSA/CSAT) and other recent publications on Medication Assisted Treatment and Recovery
- ✓ If you complete the entire program, you will satisfy all of the training requirements for the new CCB MATS credential

**Registration Form – All events offered in Wallingford, CT at
The Connecticut Certification Board – Luis Marcano Learning Center**

Please check all that apply. For each workshop, please select session preference.

I am interested in attending the Medication Assisted Recovery Workshop Series (\$200.00)

- Introduction to Medication Assisted Recovery
 - Workshop 1 – Wednesday – October 14th, 2009 9:00 am to 4:30 pm
- Current Trends in Medication Assisted Treatment
 - Workshop 2 – Tuesday - October 27th, 2009 9:00 am to 4:30 pm
- Integrating Recovery Supports into Medication Assisted Treatment
 - Workshop 3 – Monday - November 9th, 2009 9:00 am to 4:30 pm
- Medication Assisted Recovery: Collaboration, Integration and Ethical Issues
 - Session 4 – Monday - December 7th, 2009 9:00 am to 4:30 pm

I am interested in completing the Medication Assisted Recovery Distance Learning Series (\$175.00)

I am interested in completing all four Workshops as well as the Medication Assisted Recovery Distance Learning Series (\$350.00)

Registrant Information

Questions – Please contact the CCB office for more information

Name: _____

email: _____

Employer: _____

Work Phone: _____

Employer/Home Address: _____

Employer City: _____

State: _____

Zip Code: _____

Payment Amount: \$175.00 \$200.00 \$350.00 Check enclosed Agency/Employer is paying

Other Amount \$ _____ **If you are interested in attending individual workshops, please indicate which workshops by checking the box next to each and submitting \$65.00 per workshop. For example, if you are interested in attending Workshops 1 & 4 only, the cost would be \$130.00 and you would check the box next to those workshops only.**

**Please return completed Registration Form to CCB with payment no later than October 7th, 2009
PLEASE FAX TO 203.284.9500 OR MAIL TO THE CCB OFFICE AT 100 South Turnpike Road – Suite C, Wallingford, CT, 06492**