

Area Substance Abuse Council



Helping individuals, families, workplaces,
and communities to be healthy and drug free.

WHEN

Thursday, October 10 8:30-4

WHERE

ASAC Prevention Bldg., 3536
18th Ave SW, Cedar Rapids

COST

\$50, includes breakfast, lunch,
materials & CEUs

REGISTRATION

Registration deadline is October 1. Limited to 25 participants. See attached registration form for more information.

FACILITATOR

Melissa Walker, ASAC Prevention Deputy Director, CPS II and Certified Ethics Trainer will facilitate the training.

CEUs

IBC has approved this training for 6 CEUs. Training meets requirements for initial substance abuse prevention ethics for certification.

QUESTIONS

mwalker@asac.us

ASAC Presents: Prevention Ethics For Certification (6 hr)

PARTICIPANT LEARNING OBJECTIVES:

- Participants will understand and apply the ethical decision making model
- Participants will understand and apply the Prevention Think Tank Code of Ethical Conduct

WHO SHOULD ATTEND:

- Substance Abuse Prevention Specialists
- Public Health and other prevention professionals in related fields
- Other professionals with significant community involvement interested in learning more about the prevention code of ethics

AGENDA:

8:30-9	Registration & Continental Breakfast
9-10	Introduction to Prevention Ethics
10-11	Ethical Decision Making Model
11-11:15	Break
11:15-12	Work with Principles
12-12:30	Lunch (included, on site)
12:30-1:45	More work with Principles
1:45-2	Break
2-2:30	More work with Principles
2:30-3:45	Action planning: putting it into practice
3:45-4	Evaluation and Wrap-up

Prevention Ethics Training Registration

Registration deadline is **October 1**. Participation is limited to the first 25 registrations received. Mail completed registration form and payment to ASAC Prevention Services, 3536 18th Ave SW, Cedar Rapids IA, 52404. Email or fax registrations will be accepted for credit card payments.

Name _____

Agency _____

Position _____

Email _____

Phone Number _____

Training fee is \$50. Please make checks payable to “Area Substance Abuse Council/ASAC” or use your credit card.

☐ Check is enclosed

Please charge all fees to: **(check one)**

☐ MasterCard ☐ VISA ☐ Discover

Card number: _____ Exp. Date: ____ / ____ / ____

Name on card: _____ 3 Digit Security Code _____
(please print)

Signature: _____

Email scans (kcorbett@asac.us) **or faxes** (319) 390-3513 of registration forms will be accepted prior to October 1 for credit card payments.

Mail completed registration form and check payments no later than October 1 to:

ASAC Prevention Services, Attn: Kathy Corbett, 3536 18th Ave SW, Cedar Rapids IA, 52404.