

Clinical Supervision Registration Form
Please Print Neatly

Name: _____ Date: _____

Address: _____ Town: _____ Zip Code: _____
(Please indicate if this home or office)

Home/Cell Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Job Title: _____

Please check which you are registering for:

_____ **SOCIAL WORKERS - 20 Hour Clinical Supervision Course, \$450**
Includes ethics (5) and cultural competency credits (5)
Approved by the NJ Social Work Examiners Board
Saturday, October 6 - 8:00am – 6:30pm
Sunday, October 14 - 8:00am – 6:30pm
Lunch will be provided

_____ **COUNSELORS - 30-hour Clinical Supervision Course, \$450**
Includes ethics (5) and cultural competency credits (5)
Saturday, October 6 & Sunday, October 7 – 8:00am – 6:30pm
Sunday, October 14, 8:00am – 6:30pm

Academy of Clinical and Applied Psychoanalysis (ACAP) is an NBCC- Approved Continuing Education Provider and may offer NBCC-approved clock hours for events that meet NBCC requirements. ACAP is solely responsible for all aspects of the program. Lunch will be provided.

_____ **ART THERAPISTS - 31-hour Clinical Supervision Course, \$450**
Includes ethics (6) and cultural competency credits (5)
Saturday, October 6 & Sunday, October 7 – 8:00am – 6:30pm
Sunday, October 14, 8:00am – 6:30pm

All training hours are applicable towards the educational requirements for the art therapy credentialed supervisor credential (ATCS) and maintenance of The Art Therapy Board Certification (BC)

Ethics and Cultural Competency
____ **Half day \$100** ____ **Full day \$175**
Sunday, October 14, 2018
8:00am - 1:00pm -Ethical Issues in Clinical Supervision 110311-1038-2
1:30pm - 6:30pm - The Influence of Culture in Clinical Supervision 110311-1038-1
Approved by the NASWNJ

____ **SPECIAL TOPIC: INTEGRATING THE CREATIVE ARTS INTO SUPERVISORY PRACTICE**
with one hour on ethical issues 8:00-9:00am
Sunday, October 7- 8:00am – 1:00pm
Approved by the NBCC (#5709)

I request CEUs for:

___ Social workers ___ Counselor/AT ___ Other ___ Indicate affiliation ___ Certificate of Attendance

License Number _____

Checks are made payable to ACAP and mailed to 301 S. Livingston Avenue, Livingston, NJ 07039

Check amount and number _____