



Advocacy Assertive Community Treatment Bilingual/Bicultural Treatment and Support Community Education Domestic Abuse Services
 Information and Referral Mental Health Treatment and Support Social, Housing and Vocational Supports Services for Seniors Third Party Review

The Identification and Reporting of Child Abuse and Maltreatment
Course Required by New York State

New York State requires that individuals licensed in designated professions* provide documentation of having completed a course in Identification and Reporting of Child Abuse and Maltreatment taught by an approved provider. The Mental Health Association of Westchester, Inc. (MHA), an approved New York State provider, is pleased to offer this course.

Courses will be held on:

Thursday – February 19 th , 2009 10:00am – 1:00pm	Friday - September 18th, 2009 9:30am to 12:30 pm
Monday – May 18 th , 2009 9:30am to 12:30 pm	Wednesday - November 18th, 2009 2:00pm to 5:00pm

All courses will be held at MHA, 2269 Saw Mill River Road, **Building 1A**, Elmsford.

- **Directions:** please go to <http://www.mhawestchester.org/locations/elmsford.asp>.
- **Fee for the course:** \$40.00 payable by check to MHA of Westchester or credit card
- **Registration Required:** Please complete the form below and return to Kelly Darrow

A certificate of attendance will be provided following the training. Attendees are required to file the certificate with New York State.

For additional information please contact: Kelly Darrow, LCSW by email at darrowk@mhawestchester.org or at 914-345-5900, x233

*Designated professions include chiropractors, dental hygienists, dentists, optometrists, physicians, podiatrists, psychologists, registered nurses, school administrators/supervisors; school services personnel, and classroom teachers.

Identification and Reporting of Child Abuse and Neglect Registration: Attn: Kelly Darrow

Name: _____

Affiliation/Discipline: _____

Address: _____

Phone: _____ E-Mail: _____ @ _____

Please check the date you wish to attend and enclose payment:

<input type="checkbox"/> Thursday – Feb. 19 th , 2009 10am-1pm	<input type="checkbox"/> Friday – Sept. 18th, 2009 9:30am to 12:30 pm
<input type="checkbox"/> Monday – May 18 th , 2009 9:30am to 12:30 pm	<input type="checkbox"/> Wednesday – Nov. 18th, 2009 2:00pm to 5:00pm

Credit Card Charge

Name As Written on Card: _____ Charge Amt. \$ _____

Credit Card Type (check one): Am Ex Visa MasterCard

Credit Card Account Number: _____ Exp. Date (MM/DD/YY format): ____/____/____



MHA on the Move... 60 Years of Making a Difference

2269 Saw Mill River Road, Building 1A, Elmsford, NY 10523-3832 • Tel. (914) 345-5900 • Fax (914) 347-8859 • www.mhawestchester.org
 Suicide/Crisis Hotline: (914) 347-6400 • Domestic Abuse and Trauma Services Hotline: (914) 347-4558

Please consider MHA in your estate planning.