



**Fifth Annual Training and Educational Symposium
September 25, 2008**

**Los Angeles Public Library
Central Library, Taper Auditorium
630 West 5th Street
Los Angeles, California**

AGENDA

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| 8:00 a.m. – 8:30 a.m. | Registration and Continental Breakfast |
| 8:30 a.m. – 9:00 a.m. | <i>Welcome and Introductions</i>
Jason Kletter, Ph.D. |
| 9:00 a.m. – 10:15 a.m. | <i>Who are the Good Candidates for Methadone Treatment?:
Promoting Maximum Effective Application of Methadone
Maintenance</i>
Richard A. Rawson, Ph.D |
| 10:15 a.m. – 10:30 a.m. | Morning Break |
| 10:30 a.m. – 11:45 a.m. | <i>Administrative and Counseling Strategies to Enhance
Treatment Practices in an NTP</i>
Mickey McCann, M.A. |
| 11:45 a.m. – 12:45 p.m. | Lunch (Provided) |
| 12:45 p.m. – 2:15 p.m. | <i>Understanding the Medical Issues of Methadone Patients</i>
Karen Miotto, M.D. |
| 2:15 p.m. – 2:30 p.m. | Afternoon Break |
| 2:30 p.m. - 3:45 p.m. | <i>Motivational Interviewing</i>
Jeanne Obert, MFT |
| 3:45 p.m. - 4:00 p.m. | Closing Remarks |

Continuing Education and Registration

Six (6.0) continuing education credits will be available at no additional charge. UCLA ISAP is an approved provider of CE credit for: MFTs/LCSWs (CA Board of Behavioral Sciences, PCE 2001), C.A.D.C.s (CAADAC, 2N-00-445-1109), C.A.S.s (BCAS/CAARR, 5033), and C.A.T.C.s (CAADE, CP 20 809 C 0710).

The pre-registration fee (checks should be made payable to **COMP**) for the Fifth Annual Training and Educational Symposium is **\$85.00**. Please mail your completed registration form and check payment no later than **September 12, 2008** to:

UCLA Integrated Substance Abuse Programs
Attn: Sal Santoyo
1640 S. Sepulveda Boulevard, Suite 200
Los Angeles, California 90025

The parking fee at the Los Angeles Public Library is **\$13.00**. Please note that the on-site registration fee (payable by cash or check) is \$95.00.

For questions, please contact Sal at (310) 267-5399 or sasantoyo@mednet.ucla.edu.

Please print clearly:

NAME: _____ **DEGREE/CERTIFICATE:** _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____ **E-MAIL*:** _____

*Would you like to be added to the PSATTC listserv to receive notices about upcoming trainings (please check one)? Yes, please add me to the listserv No, thank you

Check which type(s) of Continuing Education credit you need:

MFT/LCSW C.A.D.C. (CAADAC) C.A.S. (BCAS/CAARR) C.A.T.C. (CAADE)

LICENSE/CERTIFICATION NUMBER(S): _____

Vendors - Check here if you would like an Exhibit Table _____