



**Sixth Annual Training and Educational Symposium
October 28, 2009**

Los Angeles Public Library

**630 West 5th Street
Los Angeles, California**

AGENDA

- | | |
|-------------------------|--|
| 8:00 a.m. – 8:30 a.m. | Registration and Continental Breakfast |
| 8:30 a.m. – 8:45 a.m. | <i>Welcome and Introductions</i>
Jason Kletter, Ph.D. |
| 8:45 a.m. – 9:00 a.m. | <i>LA County Challenges and Opportunities</i>
John Viernes |
| 9:00 a.m. – 10:15 a.m. | <i>Treatment Issues for Pregnant Women</i>
Jack McCarthy, MD |
| 10:15 a.m. – 10:30 a.m. | Morning Break |
| 10:30 a.m. – 11:45 a.m. | <i>CSAT's View of Prescription Drug Misuse: Problems and Solutions</i>
Nick Reuter |
| 11:45 a.m. – 12:45 p.m. | Lunch (Provided) |
| 12:45 p.m. – 2:00 p.m. | <i>Hepatitis C Treatment Considerations</i>
Aloysius Tsang, M.D. |
| 2:00 p.m. – 2:15 p.m. | Afternoon Break |
| 2:15 p.m. - 3:45 p.m. | <i>Ethical Issues in Treatment</i>
Neva Chaupette, Psy.D. |
| 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 and 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 Sixth Annual Training and Educational Symposium is **\$85.00**. Please mail your completed registration form and check payment no later than **October 21, 2009** to:

UCLA Integrated Substance Abuse Programs
Attn: Grant Hovik
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 Grant at (310) 267-5408 or ghovik@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 _____