



TRAINING OPPORTUNITY FOR ACF OPERATORS AND STAFF

Please register quickly and follow the new process if you are interested in receiving this training. There is no charge for this training if you are an OACFA member and your dues are up-to-date. If you are not a member of the Association, there is a \$30.00 fee for each participant. This fee must be received by our office prior to the training date. If you are not a member and want to join, the \$100 yearly dues must also be received in our office prior to the training date. Being offered:

“MENTAL ILLNESS AND ADDICTION BASICS AND BEYOND”

And

“PREVENTING RELAPSE AND PREPARING FOR CRISIS “

(Total of six (6) hours of Training provided by Dr. Danelle Hupp of the BeST Center)

We are offering training from **9:00 a.m. – 4:00 p.m.** at the following locations on these dates:

Thurs., February 5, 2015

Jerry Sue Thornton Center
2500 East 22nd Street
Cleveland, OH 44115

Thursday, February 12, 2015

Sanger Library
3030 W. Central Avenue *(between
Barrington Dr. & Meadowwood Dr.)*
Toledo, OH 43606

Wed., February 18, 2015

Hamilton County Mental Health
& Recovery Services Board
2350 Auburn Avenue
Cincinnati, OH 45219

Thurs., February 19, 2015

NAMI Ohio
1225 Dublin Road, Suite 125
Columbus, OH 43215

You are requested to bring a **sack lunch**, as you will be working through lunch. There is a limited capacity at some sites, so it is important that you respond quickly to reserve your spot. (Note: It was necessary to move the Columbus site training the last time because of the high numbers, but we will not be doing that again.)

If you are a member: It is only necessary to call (614) 800-7863 to reserve your spot(s). Leave your name, ACF name and your telephone number as well as the training site you are attending. You will receive a call back to confirm your reservation and to obtain the specific names of those you are registering. We are not accepting walk-in’s for this training.

Non-members: please complete the enclosed form and mail \$30, per registrant, using the self-addressed envelope. Be sure to note the location of the training where you plan to attend. If you wish to join the Association prior to this training, please complete all the information requested on the attached form and enclose a check for \$100 made out to “OACFA”.

Please allow time for this information to be received/processed.

This information can also be found on our website at: www.ohioadultcarefacilities.org.

**APPLICATION TO ATTEND OACFA TRAINING TO BE COMPLETED AND RETURNED ASAP TO – OACFA c/o NAMI
Ohio, 1225 Dublin Road, Suite 125, Columbus, OH 43215**

Name: _____

Name of ACF: _____

Address: _____

** Phone number where I can be reached to
confirm my reservation: _____

E-mail Address: _____

Please check the space next to the training date/location you will be attending.

Thursday, February 5, 2015 – Cleveland OH _____

Thursday, February 12, 2015 – Toledo, OH _____

Wednesday, February 18, 2015 – Cincinnati, OH _____

Thursday, February 19, 2015 – Columbus, OH _____

The following names will be participating in this training. If more space is needed, please write the names on the back of this sheet.

Please indicate your present status with the Ohio Adult Care Facilities Association & enclose your check.

_____ I am a **current member** of the OACFA and therefore, **no registration fee** is required for this training BUT I need to call 1-614-800-7863 to register names.

_____ I am a **member, but am not up-to-date** on my dues. My check for \$100, made out to the *OACFA* is enclosed, so it is not necessary that I pay for this training OR I have enclosed \$30, per participant.

_____ I am **not a member of OACFA**. I have enclosed a check for **\$30, per registrant**, for this training.

_____ I am not currently a member of the OACFA, but **wish to join now**. My **check for \$100**, made out to the *OACFA*, **is enclosed**. I have completed all information requested at the top of this page and a membership plaque will be mailed out to me in the near future.