

# KANSAS DEPARTMENT OF CORRECTIONS

## Cognitive-Behavioral Intervention Certification Training

**Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices in the boxes below:**

<input type="checkbox"/> <b>TOPEKA</b> <b>August 10-13, 2009</b>	<input type="checkbox"/> <b>WICHITA</b> <b>February 1-4, 2010</b>
<input type="checkbox"/> <b>ELLSWORTH</b> <b>October 19-22, 2009</b>	<input type="checkbox"/> <b>TOPEKA</b> <b>April 19-22, 2010</b>
<input type="checkbox"/> <b>TOPEKA</b> <b>Nov 30-Dec 3, 2009</b>	<input type="checkbox"/> <b>WICHITA</b> <b>June 21-24, 2010</b>

- All treatment providers must be APPS Certified and include a copy of their certification.
- Training is offered on a first come first serve basis by agency. **Please Note: Certified counselors take priority for registration.** CIT and CA staff admitted if space allows. **Only two staff per agency per training.**
- Training is offered free of charge. **Training Manuals will not be provided. Participants should download manuals from <http://www.nicic.org/Library/016672> or request the CD from the National Institute of Corrections in Longmont, CO.**
- Training begins at 08:30 Monday 8:00 Tuesday-Thursday and ends at approximately 5:00 each day.
- To register, participants must fill out and return the application below. All applications **must** include an agency telephone number; fax number (if available) and e-mail address (if available). If you do not have an e-mail address, please indicate so.
- Note: A form must be submitted for each participant requesting training. If the class is full, applicants will be placed on a waiting list and contacted in the event of cancellations.

**Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices in the boxes above**

**\*\*Please list participant's name as it should appear on certificate\*\***

Participant Name: \_\_\_\_\_ AAPS Certified   
(Include copy of Certificate)

E-Mail Address: \_\_\_\_\_ KDOC Affiliate   
 Counselor Asst.

Agency: \_\_\_\_\_

Mailing Address/City/State/Zip: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

Agency E-Mail: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Completed applications may be sent via email to [BethM@doc.ks.gov](mailto:BethM@doc.ks.gov), faxed to 785-296-0304, or mailed to 900 SW Jackson, 4<sup>th</sup> Floor, Topeka KS 66612 **Attention: Beth Mellies.**

*If confirmation is not received two weeks prior to the training, please contact Beth Mellies at the e-mail address above or by phone at 785-296-0460.*