

Kansas Department of Corrections Cognitive-Behavioral Intervention Certification Training

Please indicate your first, second and third choices in the boxes below.

<input style="width: 40px; height: 20px; margin: 0 auto 10px auto;" type="checkbox"/> Aug 6 – 9, 2018 Topeka, KS	<input style="width: 40px; height: 20px; margin: 0 auto 10px auto;" type="checkbox"/> Nov 5 – 8, 2018 Topeka, KS	<input style="width: 40px; height: 20px; margin: 0 auto 10px auto;" type="checkbox"/> Feb 4– 7, 2019 Topeka, KS	<input style="width: 40px; height: 20px; margin: 0 auto 10px auto;" type="checkbox"/> May 7 – 10, 2018 Topeka Correctional Facility Training Center 815 SE Rice Road Topeka, KS 66607
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Legibly print the participant's name as it should appear on the certificate and the following information.

Participant name _____

AAPS Certified _____ yes _____ no
Include a copy of your certificate

KDOC affiliate (if applicable) _____

E-mail address _____

Agency _____

Mailing address _____

City/State/Zip _____

Agency phone _____ **Fax** _____

Agency e-mail _____

Comments _____

Training is offered on a first come, first serve basis by agency. Certified counselors take priority for registration. CIT and CA staff will be admitted if space allows. Only two staff per agency per training.

All treatment providers must be AAPS certified and include a copy of your certification.

Training is offered free of charge. Training manuals will be provided.

Training hours are:
Monday: 8:30 – 5:00
Tuesday thru Thursday: 8:00 – 5:00.

To register, participants must fill out and return this application. All applications must include an **agency address, telephone number, fax number** (if available) and **e-mail address** (if available). If you do not have an e-mail address, please indicate so.

A registration form must be submitted for each participant requesting to attend. If the class is full, applicants will be placed on a waiting list and contacted in the event of cancellations.

If your training confirmation is not received 2 weeks prior to training, please contact the Department of Corrections before attending training.
All confirmation issues and questions are directed to **785 296-3998**.

Send completed applications to:

Gert Cozadd, SB 123 Program Manager
Gert.Cozadd@ks.gov
785-296-3998
Fax 785 296-1412

Or mail to:
Gert Cozadd
SB 123 Program Manager
Kansas Department of Corrections
Jayhawk Walk
714 SW Jackson, Suite 300
Topeka, KS 66603