

Senate Bill 123 Cognitive-Behavioral Intervention Concepts Training Registration Information

- Training is offered free of charge by the Kansas Department of Corrections (KDOC).
 - Participants are responsible for individual travel and meal costs.
- Training materials will be provided by KDOC.
- A registration form must be submitted for each applicant requesting to attend.
- Training is offered on a first come, first serve basis by agency.
- Applications must be BSRB certified and include a copy of their LAC, LCAC or LMAC license and the most recent renewal certificate with the registration form.
- Certified counselors take priority for registration. CIT and CA staff will be admitted if space allows.
- Only two staff per agency are allowed per training (exceptions will be made if space allows).
- If a class is full at the time a registration form is received, the applicant will be placed on a wait list for the next available session. Applications on a wait list will be contacted in the event space becomes available for their preferred training session.
- All registration forms must include the agency address, telephone number, fax number (if available) and an e-mail address. If you do not have an email address, please indicate so.
- To register, applicants must fill out the attached registration form and return it to:
 - Gwyn Harvey, B.S., LAC
 - SB123 Program Manager
 - Kansas Department of Corrections
 - 714 SW Jackson, Ste. 300
 - Topeka, KS 66603
 - E-Mail: Gwyn.Harvey@ks.gov
 - Fax: 785-296-1412
- All training questions and/or confirmation issues should be directed to Ms. Harvey at 785-296-3998 or Gwyn.Harvey@ks.gov

714 S.W. Jackson St., Suite 300
Topeka, KS 66603



Phone: (785) 296-3317
Fax: (785) 296-0014
kdocpub@ks.gov
www.doc.ks.gov

Roger Werholtz, Secretary

Laura Kelly, Governor

May 7 – 10, 2019
8:00 am to 5:00 pm daily
Topeka Correctional Facility
Training Center
815 SE Rice Road
Topeka, KS 66607

Participant Name: _____
(print name as it should appear on the training completion certification)

BSRB Certified: ____ Yes ____ No

Reminder: include a copy of your BSRB license and most recent renewal when submitting registration form

E-Mail Address: _____

Agency Name: _____

Agency Mailing Address: _____

Agency Phone: _____

Agency Fax: _____

Agency E-Mail Address: _____

Comments: _____

