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
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: ________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________