

Kansas Department of Corrections Cognitive-Behavioral Intervention Certification Training

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

<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <p>Aug. 7 – 10, 2017 Sedgwick County Extension Center Bison Room 7001 W. 21st Street North Wichita, KS 67205</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <p>Nov. 13 – 16, 2017 Topeka Correctional Facility Training Center 815 SE Rice Road Topeka, KS 66607</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <p>Feb. 5 – 8, 2018 Wichita Parole Office 212 South Market Street Wichita, KS 67202</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; margin-bottom: 10px;"></div> <p>May 7 – 10, 2018 Topeka Correctional Facility Training Center 815 SE Rice Road Topeka, KS 66607</p>
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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) 296-3317**.

Send completed applications to:

Gert Cozadd, Staff Development Specialist

Gert.Cozadd@ks.gov

(785) 296-3998

Fax: (785) 296-8116

Or Mail To:

Gert Cozadd

Kansas Department of Corrections

Jayhawk Walk

714 SW Jackson, Suite 300

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