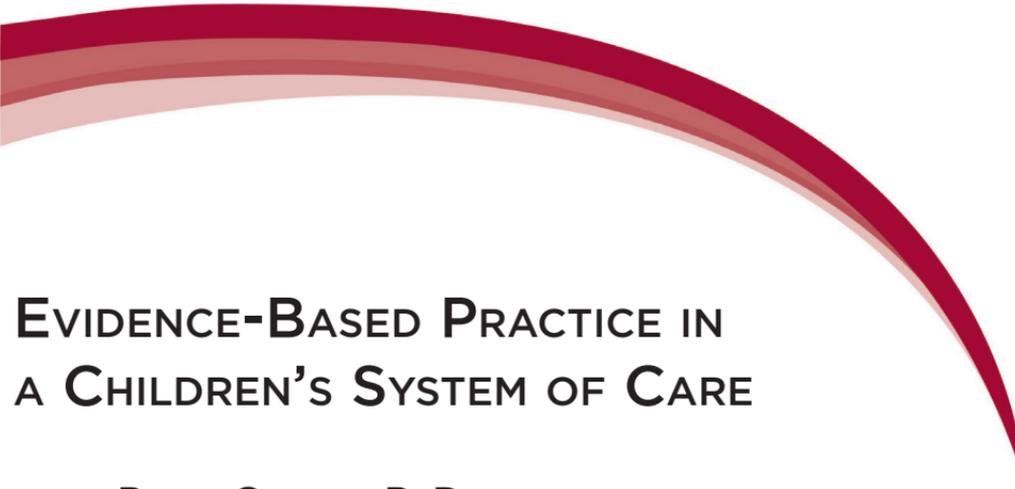


MISSOURI INSTITUTE OF MENTAL HEALTH

4633 World Parkway Circle | 314-516.8419(phone)
St. Louis, MO 63134 | 314-516-8428 (fax)

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Missouri Institute of Mental Health



EVIDENCE-BASED PRACTICE IN A CHILDREN'S SYSTEM OF CARE

WITH PATSY CARTER, PhD

CENTER FOR PREVENTION, OUTREACH, AND PROFESSIONAL EDUCATION

Guide Usage

This Guide is considered a master document.

If you have more than one person wanting to register for CE credit upon completing this program, you will need to make copies of the registration form, post-test and evaluation.

Here is how you receive credit for this training.

- Watch the DVD enclosed
- Complete the enclosed post-test and evaluation
- Complete the enclosed CEU form
- Return your CEU form, post-test, evaluation and \$10 to:

Missouri Institute of Mental Health
POPE Center
4633 World Parkway Circle
St. Louis, MO 63134
314.516.8419

We will then send you your CEU certificate.

Contact Hour

The University of Missouri, Missouri Institute of Mental Health will be responsible for this program and will maintain a record of your continuing education credits earned. MIMH will award 1 clock hour or 1.2 contact hours (.1 CEU) for this program.

MIMH credit will fulfill Clinical Social Work, Counselor and Psychologist licensure requirements in the State of Missouri. Attendees with licensure from other states are responsible for seeking appropriate continuing education credit, from their respective boards for completing this program.

Evaluation

Profession _____

Program Process (Please circle one)			
The program objectives were met:			
Strongly Agree	Agree	Disagree	Strongly Disagree
The registration/purchasing process was smooth:			
Strongly Agree	Agree	Disagree	Strongly Disagree
The program content was well organized:			
Strongly Agree	Agree	Disagree	Strongly Disagree
Please explain why you disagreed with any of the above:			
The best thing about this training was:			
How could this training be improved?			

Name		
Address		
City	State	Zip
Employer		
Address		
City	State	Zip
Phone	Email	
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Credit Card #	Expires	
Name on Card	Signature	
Mail to: MIMH (DVD) 4633 World Parkway Circle St. Louis, MO 63134		

Notes

Notes

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