********,** as part of the **Region 1 I/DD Training Co-Op** offers: ***Psychotropic***

***Medications***

*By:* ***Lori Olson, PMHNP***

*When:* ***Monday, November 4th, 2019***

***9 a.m. – 12 p.m.***

*Where:* ***Community Vision***

***2475 SE Ladd Ave Suite 418, Portland, OR 97214***

***Note: We’re located on the corner of SE 20th & Division (street parking)***

*Class description:* Information, questions and answers about medications used in mental health treatments -- by a highly experienced medical professional providing supports to people with intellectual/developmental disabilities & support agencies.

*Registration:* ***$25/person fee for Co-Op members\**** *($50 non-member rate)* ***sent to:***

***Edwin Miranda, Community Vision, 2475 SE Ladd Ave. Suite 240, Portland, OR 97214***

***\*****Foster care providers, brokerage service providers & family members of individuals with intellectual or developmental disabilities get member rates. Rate doubles for non-members (staff of non-member agencies).*

*If cancelled, all registered will be notified and refunded. Student cancellations when notified at least 10 working days ahead of class will be refunded. There are no refunds for no-shows or lack of advance notice. Adult Foster Care Training Credit: 3 hours (Certification Pending)*

*For more CO-OP classes & member info: www.sdri-pdx.org/CO-OP*

*Questions?* **Contact Edwin Miranda 503-292-4964 ext 105** or email: [**emiranda@cvision.org**](mailto:emiranda@cvision.org)

REGISTRATION AND PAYMENT FORM: ***Psychotropic Medications* November 4th at 9am-12pm**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_ **Region 1 Training Co-Op member?** YesNo**DD Adult Foster Home?** YesNo**Child foster home?** YesNo

Amount enclosed $ \_\_\_Please make check or money order **payable to Community Vision Inc.**- and send to:

***Community Vision Inc., 2475 SE Ladd Ave Suite 240, Portland, OR 97214***

***Attn: Edwin Miranda***