



COMMUNITIES
Community
Behavioral
Healthcare
Association

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**Community Behavioral Health Care
Spring Forum 2017**

***Our Common Purpose:
Advancing Community Behavioral Health***

**ATTENDANCE CERTIFICATE
CONTACT HOUR MONITORING FORM**

Name of Registrant: _____

Address: _____

City, State, Zip: _____

LICENSE NUMBER OR LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF REGISTRANT: _____

The person identified above participated in the following professional activity:

<u>Date</u>	<u>Program</u>	<u>Contact Hours</u>
5/17/16	An Update from Washington: May You Live in Interesting and Uncertain Times	<input type="checkbox"/> 1.00
5/17/16	Changing the Way Healthcare is offered in Illinois: Integrated Health Homes and other State Updates	<input type="checkbox"/> 1.00
5/17/16	Public Policy Session	<input type="checkbox"/> 1.00
TOTAL CONTACT HOURS		_____

Authorized by: 

Position: Continuing Education Director

License No. 197-000017 – IL Dept. of Professional Regulation, LPC / LCPC / LSW / LCSW / LMFT

This form should be retained by the workshop attendee for verification of attendance.