

2009 REGISTRATION FORM

PRENATAL CARE COORDINATION TWO-DAY CERTIFICATION TRAINING

For Social Workers, Physicians, Registered Nurses, and Dietitians who work with at-risk pregnant women.

Training consists of a full two-day program, 9:00 a.m. - 4:45 p.m.¹

in the NASW Conference Suite # 220 at the Indiana Interchurch Center, 1100 West 42nd Street, Indianapolis, IN.

Please select only one session:

April 20 and 21, 2009 OR August 17 and 18, 2009 OR November 16 and 17, 2009

The following information must be completed prior to being certified as a care coordinator or registered for training. Social workers must attach a copy of their state license or diploma and official transcript from an accredited school of social work. Physicians, registered nurses, and dietitians must attach a copy of their current license or registration.

LAST NAME _____ FIRST NAME _____ DEGREE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGENCY NAME _____

WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE (W) _____ (H) _____ (FAX) _____

Preferred e-mail _____

PROFESSIONAL LICENSE OR REGISTRATION NUMBER _____ COPY ATTACHED

EDUCATIONAL BACKGROUND (Begin with last degree earned)

NAME OF INSTITUTION _____ YEAR OF GRADUATION _____ DEGREE _____

COUNTY(IES) YOU WILL SERVE AS A CARE COORDINATOR: _____

WILL YOU BE PROVIDING THE ACTUAL CARE COORDINATION OR WILL YOU BE MANAGING THE PROGRAM?

ADA NEEDS: *If you require accommodations to permit your attendance or participation, please provide a written request along with a completed registration form and payment at least 30 days prior to the registration deadline for the workshop. Requests received after this deadline may not be able to be processed or fulfilled in time for the event.* _____

Pre-registration deadlines and cutoff dates for refunds: April 13, 2009 for the April 20 & 21, 2009 training; August 10, 2009 for the August 17 & 18, 2009 training; and November 9, 2009 for the November 16 & 17, 2009 training. There is a \$40.00 processing fee for refunds.

Please enclose \$195.00 fee (after the pre-registration dates add \$40.00 -- \$235.00). Make checks payable to NASW - Indiana Chapter, 1100 West 42nd Street, Suite 226, Indianapolis, IN 46208. Telephone: (317) 923-9878, Fax: (317) 925-9364, Email: naswin@naswin.org. All fees must be paid before training verification will be submitted to the state. **Limited space, REGISTER EARLY.** A map will be sent with confirmation of your registration.

¹ April and August training times are Eastern Daylight Time (EDT) [Indianapolis Time]; November training time is Eastern Standard Time (EST) [Indianapolis Time]