Conference Registration Form

All registration forms must be received by April 15, 2015. You can email, fax, or mail in registration form. Email to aedwards@rvcds.org, fax to 304-529-2535 or mail to: WVECTCR, Attn: Home Visitation Conference, 611 Seventh Avenue, Suite 322, Huntington, WV 25701.

Name:_____
First Middle Initial Last

Name for Badge:_____

Position/Work Title:_____

Name of Employer:_____

Work Street Address:_____

City, State, and Zip Code:_____

Work Phone Number:_____ Fax Number:_____

Email Address:_____ County:_____

What days are you attending?

- ❑ Tuesday, April 28
- ❑ Wednesday, April 29
- ❑ Thursday, April 30

****The following information is optional. This information enables us to meet our reporting requirements and helps to provide appropriate services to families and children. (Check all that apply)*

PROFESSION/DISCIPLINE:

- ❑ Parent
- ❑ Surrogate parent
- ❑ Parent of a child in the Birth to Three System
- ❑ Parent of a child with a developmental disability
- ❑ Higher Education
- ❑ Starting Points
- ❑ Health Care
- ❑ Physical Therapy
- ❑ Occupational Therapy
- ❑ Speech/Language
- ❑ Right from the Start Provider
- ❑ Foster Parent
- ❑ Healthy Families America
- ❑ Public School Preschool
- ❑ Special Education Educator
- ❑ Kindergarten Teacher
- ❑ Private Preschool Educator
- ❑ Head Start Teacher
- ❑ Head Start Assistant
- ❑ Early Head Start
- ❑ Classroom Aide
- ❑ Child Care Center Teacher
- ❑ Child Care Center Aide
- ❑ CCR&R
- ❑ Parents as Teachers
- ❑ In Home Family Child Care Provider
- ❑ Service Coordinator in the Birth to Three System
- ❑ Service Practitioner in the Birth to Three System
- ❑ Other Service Coordinator
- ❑ Social Worker
- ❑ Program Administrator
- ❑ Advocate
- ❑ Child Protective Services Personnel
- ❑ Children's Specialty Care Provider
- ❑ Home Visitor
- ❑ MIHOW
- ❑ Other _____

Ethnic Group:

- ❑ African American
- ❑ Hispanic
- ❑ Native American
- ❑ Caucasian
- ❑ Asian
- ❑ Other _____

Continuing Education Unit (CEU) Reporting Form/Certificate of Attendance

Approved Provider Description/Title--Home Visitation Conference

April 28-30, 2015 at the Charleston Civic Center, Charleston, WV

Please complete, sign, and submit as required by your licensing, certification, etc., entity. It is your responsibility to follow the appropriate protocol. Make a copy of this completed form for your records.

PLEASE INDICATE THE SESSIONS YOU ATTENDED AND TOTAL HOURS BELOW.

Name_____ Social Security Number _____

Mailing Address _____

Type of License _____ State(s) and License(s) Number _____

Approved Provider Name - Home Visitation Conference - Individual Approved Provider

Approved Provider Number _____ (See CEU table for Approved Provider Number)

TUESDAY, APRIL 28, 2015

APPROVED	ACTUAL	
4.75 Hours	_____	_____ (Workshop Title)

WEDNESDAY, APRIL 29, 2015

APPROVED	ACTUAL	
1.25 Hours	_____	_____ (Workshop Title)
1.5 Hours	_____	_____ (Workshop Title)
1.5 Hours	_____	_____ (Workshop Title)
2 Hours	_____	_____ (Workshop Title)

THURSDAY, APRIL 30, 2015

APPROVED	ACTUAL	
1.5 Hours	_____	_____ (Workshop Title)
1.5 Hours	_____	_____ (Workshop Title)
2.5 Hours	_____	_____ (Workshop Title)

TOTAL HOURS EARNED:_____ Note: You may only claim credit for the hours or portions of hours you actually attended. If required by your licensing, certification, etc., entity, present this certificate to a Home Visitation representative at the CEU table for a signature upon completion.

Home Visitation Representative Signature_____ Date_____

Certification: "In signing this form, I certify that I have attended and completed the continuing social work education contact hours, WV Birth to Three contact hours, or other continuing education contact hours indicated above. I also understand that continuing education hours must be earned to renew my license(s) and that knowingly falsifying records could result in disciplinary action, including suspension or revocation of my license(s)."

Signature _____ Date _____

Keep a copy of this form for your records.