



Franklin County Board of Developmental Disabilities

Helping people to live, learn and work in our community

2879 Johnstown Road • Columbus, Ohio 43219 • 614-475-6440 • www.fcbdd.org

Jed W. Morison
Superintendent/CEO

2021 ANNUAL REQUIREMENT TRAINING REGISTRATION FOR:

“MUI/UI/Rights...” & “Self Advocacy...” + “Supplemental” CEU Topics*

Sponsored by FCBDD - Presented by Rhonda J. Lilley, PhD

****All sessions will be held at the Franklin County Board of DD Administration Building, address above.**

NOTE: For the time being we still need to limit the in-person training roster to allow for proper spacing in the classroom. In turn, we will mainly fill the seats on a “first-come-first serve” basis, while taking into consideration the trainee’s needs to maintain compliance. In addition, we will include the full set of instructions for arrival, check-in, etc., in the confirmation email once registered for an in-person course, as those may evolve over time.

→ Please indicate, in the space provided, your first and second choices, per the notation above. Thank you!

_____ “MUI...” = Tues., April 13 th	5:00 – 9:00 PM	*Includes “Anger Management”
_____ ”SA-PC...” = Wed., April 14 th	5:00 – 9:00 PM	*Includes “Dementia In Down Syn.”
_____ ”SA-PC...” = Tues., May 11 th	10:00 AM – 2:00 PM	*Includes “ADHD in DD”
_____ “MUI...” = Wed., May 12 th	10:00 AM – 2:00 PM	*Includes “Attachment Disorders”
_____ “MUI...” = Wed., June 23 rd	10:00 AM – 2:00 PM	*Includes “Trauma Informed Care”
_____ ”SA-PC...” = Fri., June 25 th	10:00 AM – 2:00 PM	*Includes “Neurodev. & Drug Exposure”

→ **Please ensure attendance once confirmed and report cancellations in advance.**

Please email your completed form to provider.relations@fcbdd.org, mail to *Provider Relations* at the address above, or fax to (614) 342-5004.

Registrations should reach our office ONE WEEK prior to the desired session, WHENEVER POSSIBLE.

To register after the above deadline, please call 614-342-5762, in advance, to verify space is available.

Registrants will receive an email notice confirming their reservation for the session requested.

TRAINEE NAME: _____

STATUS?: Individual provider () Agency staff: ()...Agency name: _____

ADDRESS: _____

Email (print clearly): _____ PHONE #: _____

→ Name of Individual/Family being served (if applicable): _____



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_____ “SA-PC...” Tues., July 27 th	10:00 AM – 2:00 PM	*includes “Mood Disorders”
_____ “MUI...” = Wed., July 28 th	10:00 AM – 2:00 PM	*includes “Psych Evals.”
_____ “MUI...” = Tues., August 17 th	10:00 AM – 2:00 PM	*Includes “Obsessive Compulsive Dis.”
_____ “SA-PC...” = Wed., August 18 th	10:00 AM – 2:00 PM	*includes “Autism Spectrum Dis.”
_____ “SA-PC...” = Wed., Sept. 15 th	1:00 – 5:00 PM	*Includes “Trauma Informed Care”
_____ “MUI...” = Th., Sept. 16 th	1:00 – 5:00 PM	*Includes “Anger Management”

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_____ “MUI...” = Wed., October 13 th	5:00 – 9:00 PM	*Includes “Psych Evals.”
_____ ”SA-PC...” Th., October 14 th	5:00 – 9:00 PM	*Includes “Dementia In Down Syn.”
_____ ”SA-PC...” = Wed., November 17 th	1:00 – 5:00 PM	*Includes “ADHD in DD”
_____ “MUI...” = Friday, November 19 th	10:00 AM – 2:00 PM	*Includes “Attachment Disorders”
_____ “MUI...” = Th., December 2 nd	5:00 – 9:00 PM	*Includes “Trauma Informed Care”
_____ ”SA-PC...” = Fri., December 3 rd	10:00 AM – 2:00 PM	*Includes “Neurodev. & Drug Exposure”
_____ ”MUI...” = Tues., December 14 th	10:00 AM – 2:00 PM	*Includes “Trauma Informed Care”
_____ ”SA-PC...” = Wed., December 15 th	10:00 AM – 2:00 PM	*Includes “Neurodev. & Drug Exposure”

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