

Essentials of Case Management

REGISTRATION FORM

September 2009

Please check box for Case Management location and date:

- Caldwell (September 14-15) – Best Western Caldwell Inn and Suites - 908 Specht Avenue
- Blackfoot (September 17-18) – State Hospital South - West Training Room in the Utility Building
- Coeur d'Alene (September 28-29) – Region 1 Health & Welfare – 1120 Ironwood Drive

Name: _____ Organization: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Please Note:

1. Deadline for registration is **September 9, 2009**
2. Registration is limited to 40 participants per site
3. You must read and sign the **Statement of Understanding** on the second page and submit it with the registration form.

Please fax the completed form to Debbie Bailey at 208-334-0667

Statement of Understanding

1. I understand that the Essentials of Case Management training is intended for individuals who meet the following criteria:

Substance Use Disorders **Case Managers** must be qualified professionals as defined in IDAPA 16.06.03 or have a minimum of a bachelor's degree in a *human services field from a nationally accredited university or college.

* Related fields

Sociology

Social Work

Psychology

Counseling

Health Education/Promotion

Alcohol/Drug Studies

Case managers must have at least 1,040 hours of supervised experience working with substance use disorders clients.

2. I understand that I must attend all sessions of the training.
3. I understand that because of the short notice for the training, review of documentation is not required prior to attending the training. However, I must submit the documentation **prior** to the training.
4. I understand that after the training, all documentation will be reviewed. If I meet case management criteria I will be issued a Certificate of Approval to provide state-funded case management services.
5. I understand that case managers must have in their possession the Certificate of Approval to provide state-funded Substance Use Disorders Case Management services.
6. I understand that I may not bill for state-funded CM services provided prior to receiving my Certificate of Approval.

Name

Date

Fax the following documentation that you meet or exceed the minimum standards to provide case management services to substance use disorders clients. Please include **ALL of the following as appropriate:**

Resume

Diploma

Licenses/Certifications

Documentation of hours providing supervised substance use disorders services from direct supervisor

Please fax the completed form to Debbie Bailey at 208-334-0667