**Board Orientation Workshop**

**Registration Form**

This orientation is required to apply for Board-approved Clinical Supervisor (BACS). LCSWs who are already designated as BACS can attend the orientation as a refresher and receive two hours of continuing education. The orientation DOES NOT qualify towards the renewal of the BACS designation. There is a $15.00 non-refundable fee to register. Due to our state only being in Phase 2 (COVID-19), the workshop will be held virtually, via a free HIPAA compliant platform called **Google Meet.**We will be sending out log in information closer to the workshop date. The workshop will be held from 10:00 AM- 12:00PM. Our office accepts money orders, cashier’s checks or credit/debit card payments. Space is limited.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Orientation for Board Approved Clinical Supervisors Registration Form  PLEASE PRINT  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LCSW License No.\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_September 19, 2020\_\_\_November 7, 2020 \_\_\_November 14, 2020 Card Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 Card type:  Visa  MasterCard  Discover Expiration Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Billing zip code for this card:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

  |