



# SPECIALTY COURT SUMMER BEST PRACTICE SERIES 2014

## **JUNE 20TH: PAUL CARY**

Director of the Toxicology and Drug Monitoring Laboratory at the University of Missouri

## **JULY 18TH: DOUGLAS MARLOWE, J.D., PH.D.**

Chief of Science, Policy, and Law, National Association of Drug Court Professionals

## **AUGUST 15TH: THE HONORABLE PEGGY HORA**

\$45 to register for an individual day or \$99 to register for all three

9:00am – 5:00pm

ODMHSAS Training Institute  
Shepherd Mall - 2nd Floor, North End  
2401 N.W. 23rd Street, Suite 1F  
Oklahoma City, OK 73107-2431  
(405) 522-8300

Oklahoma Department of Mental Health  
and Substance Abuse Services

# 2014 Specialty Court Summer Best Practice Series

## Dates and Locations

**June 20<sup>th</sup>: Paul Cary**

Director of the Toxicology and Drug Monitoring Laboratory at the University of Missouri

**Oklahoma History Center**  
800 Nazih Dr.  
Oklahoma City, OK 73105  
Room: Chesapeake Event Center

**July 18<sup>th</sup>: Douglas Marlowe, J.D, Ph.D.,**

Chief of Science, Policy, and Law, National Association of Drug Court Professionals

**Oklahoma History Center**  
800 Nazih Dr.  
Oklahoma City, OK 73105  
Room: Chesapeake Event Center

**August 15<sup>th</sup>: The Honorable Peggy Hora**

**Oklahoma History Center**  
800 Nazih Dr.  
Oklahoma City, OK 73105  
Room: Chesapeake Event Center

## Time

Registration is from 8:30 – 9:00 am and will dismiss at 5:00 pm on each day. Lunch will not be served, but light refreshments will be available. Please call 405-522-8300 if you have any questions.

## Training Fees

Registration for participants is \$45.00 per individual day or \$99.00 to register for all three days. Payment may be made by check, credit card or money order only to ODMHSAS **No refunds.**

## Continuing Education Credits

The ODMHSAS Institute for Mental Health and Substance Abuse Education and Training has requested approval of 6.5 continuing education hours through the Oklahoma State Board of Licensed Social Workers, the Oklahoma Board of Examiners of Psychologists, the Licensed Marital and Family Therapist committee, Licensed Alcohol and Drug Counselors and Licensed Professional Counselors committee. Continuing education hours are also approved for Certified Behavioral Health Case Managers and credentialed Peer Recovery Support Specialists. Continuing Legal Education and Continuing Law Enforcement Education and Training has been applied for and is pending approval.

# **REGISTRATION FORM**

## **2014 Specialty Court Summer Best Practice Series**

### **HOW TO REGISTER**

#### **By Mail:**

ODMHSAS, Human Resources Development  
2401 NW 23rd Street, Suite 1F  
Oklahoma City, OK 73107

**By Fax:** Faxed registrations are accepted at **405-522-8320**

### **REGISTRATION INFORMATION:**

**Name:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Occupation or Job Title:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**\*\*Note:** If an e-mail address is included, a confirmation that your registration has been received will be e-mailed to you.

I require special accommodations as follows: \_\_\_\_\_

### **DATES**

Please select which date(s) you would like to attend

- June 20, 2014
- July 18, 2014
- August 15, 2014

### **PAYMENT**

Please enclose registration payment. If paying by purchase order (PO), please mail or fax a copy of the purchase order with the name of the attendee(s) included on the PO. If paying by check or money order please make payable to ODMHSAS. Please check all boxes that apply. No Refunds.

#### **FORM OF PAYMENT**

	<b>One Day Only</b>	<b>Two Days Only</b>	<b>All Three Days</b>
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> \$45	<input type="checkbox"/> \$90	<input type="checkbox"/> \$99
<input type="checkbox"/> Purchase Order # _____	<input type="checkbox"/> \$45	<input type="checkbox"/> \$90	<input type="checkbox"/> \$99
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> \$45	<input type="checkbox"/> \$90	<input type="checkbox"/> \$99

Credit card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

For information, call Human Resources Development at 405-522-8300.

