

Stay up to Date...

- ◆ Current standards for becoming an Approved Supervisor
- ◆ Current supervision literature
- ◆ Ethical and legal issues of supervision and mentoring
- ◆ Supervision Contracts
- ◆ Questions and answers related to the AAMFT Approved Supervisor
- ◆ Recent changes in Oklahoma State Law and Rules and Regulations Regarding Supervision

Are you in compliance?

This Workshop meets requirements for:

- ◆ The 5 hour AAMFT Approved Supervisor Refresher course required every 5 years.
- ◆ The new requirement for a 3 hour workshop on supervision for renewal as an Oklahoma Board Approved Supervisor
- ◆ LMFT Supervisor every three years.
- ◆ The 3 hour ethics course required each year.

Presenters

Dale R. Doty, Ph.D., Course Director
William B. Berman, Ph.D., Course Instructor

Both AAMFT Approved Supervisors
Both Oklahoma Board Approved Marital
and Family Therapist Supervisors
Both Oklahoma LMFT Licensing Advisory Board
Members

Each with over 20 years of experience teaching and supervising marriage and family therapists.

Dale R. Doty, Ph.D.



William B. Berman, Ph.D.

Registration

Registration made or postmarked by FRIDAY, OCTOBER 26th

Cost
\$95

Late Registrations Beginning Monday, October 29th,

Cost
\$115

walk-in registration on the day of the seminar is available only as seating permits

WAYS TO REGISTER

- 1) By calling: (918) 745-0095
- 2) Fax: (918) 745-0190 (with credit card information)
- 3) Email: terri@christianfamilyinstitute.com (with credit card information)
- 4) Mail Registration: Christian Family Institute
2431 E. 51st Street, Suite 500
Tulsa, OK 74105

Refunds will only be considered if arrangements are made 48 hours prior to the start of the workshop.

Registration:

\$95.00

(\$115.00 If Postmarked After October 26th)

Name _____ Licensure _____

Address _____

City, State, ZIP _____

Work Phone _____ Cell Phone _____

Profession _____ Email: _____

Payment Must Accompany Registration to reserve space

Make checks payable to Christian Family Institute: Ck # _____

Or charge to: Visa MasterCard Discover (sorry no American Express)

Card # _____ Expires: _____ Amount \$ _____

Signature: _____

If confirmation is needed indicate e-mail or fax# _____