

**ADMINISTRATION
ADVOCACY
CASE MANAGEMENT
HOUSING
SUPPORT SERVICES**

580 White Plains Road
Suite 510
Tarrytown, NY 10591
Phone: (914) 345-5900
Fax: (914) 592-3829

CLINICS

29 Sterling Avenue
White Plains, NY 10606

300 Hamilton Avenue
Suite 201
White Plains, NY 10601

344 Main Street
Suite 301
Mount Kisco, NY 10549

20 South Broadway
Suite 1101
Yonkers, NY 10701

**COMMUNITY CENTER
EMPLOYMENT SERVICES**

29 Sterling Avenue
White Plains, NY 10606

***Identification and Reporting of Child Abuse and Maltreatment
Course Required by New York State***

New York State requires that individuals licensed in designated professions* provide documentation of having completed a course in Identification and Reporting of Child Abuse and Maltreatment taught by an approved provider.

MHA, an approved New York State provider, is pleased to offer this course.

A Certificate of Attendance, which mandated reporters are required to file with New York State Office of Professions, will be provided upon completion of the training.

*Designated professions include chiropractors, dental hygienists, dentists, optometrists, physicians, podiatrists, psychologists, social workers, registered nurses, school administrators/supervisors; school services personnel, and classroom teachers.

Courses in 2016 will be held on:		
March 10 th	Thursday	9:00 am – 12:00 pm
June 1 st	Wednesday	2:00 pm – 5:00 pm
November 8 th	Tuesday	2:00 pm – 5:00 pm

All courses will be held at:
MHA of Westchester
580 White Plains Road, 5th floor
Tarrytown, NY 10591

To register:

- **Mail** registration form and a check for \$40.00 (payable to MHA of Westchester) to above address, attention Chuck Rosenow.
- **Fax** registration form and provide credit card information and signature, approving charge amount of \$40.00, to 914 – 347 – 2367, attention Chuck Rosenow.

Registration questions can be directed to:

Chuck Rosenow
914 – 345 – 5900 x 0

MHA of Westchester

***Identification and Reporting of Child Abuse and Maltreatment
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REGISTRATION FORM

Name:	_____
Affiliation/Discipline:	_____
Address:	_____
City/State/Zip	_____
Phone:	_____
E-Mail:	_____

Please check the date you wish to attend:

March 10 th	Thursday	9:00 am – 12:00 pm
June 1 st	Wednesday	2:00 pm – 5:00 pm
November 8 th	Tuesday	2:00 pm – 5:00 pm

Please indicate method of payment:

Check Enclosed Check #: _____ Amount: _____

Credit Card Charge

Name (as appears on card): _____

Credit Card Type (circle): American Express Visa MasterCard

Credit Card Account Number: _____

Security Code (3 or 4 digits): _____

Credit Card Expiration Date (MM/DD/YY format): ____/____/____

Charge Amount: _____

Authorized Signature _____ Date _____