

Instructor: Cindy Betka, LADC

Medical & Psychosocial Aspects of Alcohol, Drug & Addictions



Grand Island

Quality Inn &
Conference Center
7838 S Hwy 281-Quality
Grand Island, NE 68803
308-384-7770

April 9-14, 2012

Registration: 7:30 AM

Class: 8:00 AM—5:00 PM

Credit Hours: 45
Approval # 12.009

Cost: \$375.00

This course will discuss the physiological, psychological, and sociological impact of addiction. Participants will also gain knowledge of dependence, tolerance, and basic pharmacological effects, including: attitudes, beliefs, etiological, cultural and behavioral aspects.

Objectives

- Students will increase their understanding of specific terms associated with medical and psychological issues.
- Students will become aware of personal biases and beliefs.
- Students will increase their understanding of the brain and its components and functions.
- Students will explore the neurophysiology of the central and peripheral nervous systems and how alcohol and dependence effect those systems.
- Students will increase their knowledge of street and illegal drugs, over-the-counter medications, and prescription drugs.
- Students will discuss the difference between demographic regions
- Students will increase their knowledge of etiology, behavioral, and cultural aspects of alcohol and drug use.
- Students will increase their knowledge of multicultural issues when dealing with these drugs.

This activity was supported in whole or part, from federal or state funds received from the Nebraska Department of Health and Human Services,
Division of Behavioral Health Services.

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Cancellation/Refund Policy

1. Notice of cancellation must be submitted in writing.
2. Cancellations received will be subject to a \$50.00 cancellation charge.
3. No refunds will be given after April 2, 2012.
4. Registrations are transferable with a fee depending on availability.

REGISTRATION FEE INCLUDES:

Workshop instruction, book, materials, handouts, continental breakfast, afternoon snack, and CEU's approved for Nebraska Alcohol & Drug Counselor Continuing Education by the Department of Health and Human Services Regulation and Licensure Credentialing Division.

Name (please print)

Title

Company

Mailing Address

City

State

Zip

Daytime Telephone

Birthday (month/day/year)

E-mail Address

PAYMENT TYPE

Check enclosed, made payable to TAP, for the amount of \$ _____

Or please charge my: MasterCard Visa Discover

Card # _____ Expiration Date _____ Three -digit security code on back _____

Cardholder Name _____ Signature _____

Please Print or Type

Fax this form to: 402-483-2882 **or Mail it to:** TAP Program, 4600 Valley Rd., NE 68510
Call TAP at 402-483-4581 ext. 328 or ext. 282 for any questions you may have.

I have read and accepted all the terms and conditions in the TAP Program Policies, which represents the entire understanding between myself (the participant) and the TAP Program and supersedes any prior statements or representation. By sending in this registration, I agree to the rules and regulations of the TAP Program.