



## Earn Your Certification in Adult Mental Health First Aid

### CADTP Hosted Training

Subsidized by Fresno County Behavioral Health and the Safety Center

December 17, 2018

Training Location:

Safety Center

3909 Bradshaw Rd, Sacramento, CA 95827



The 8-hour Mental Health First Aid teaches about *recovery* and *resiliency* – the belief that individuals experiencing these challenges can and do get better and use their strengths to stay well. The [Adult Mental Health First Aid](#) course is appropriate for anyone 18 years and older who wants to learn how to help a person who may be experiencing a mental health related crisis or problem. Topics covered include anxiety, depression, psychosis, and addictions. Attendees will receive Adult Mental Health First Aid Certification and 8 CEU's.

Trainer: Monica Blanco-Etheridge

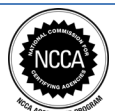
Monica currently serves on several statewide boards and committees, including the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO). She has served on various local and statewide committees such as Mental Health of the Central Valley, Fresno County Mental Health Board, CHIS Advisory Board member and California Pan Ethnic Network (CPHEN). Monica received her

Bachelor of Arts degree in Psychology with a minor in Chicano Studies along with a Master of Science degree in Criminology from California State University, Fresno. She is a Mental Health First Aid (MHFA) certified trainer. Monica received her Bachelor of Arts degree in Psychology with a minor in Chicano Studies along with a Master of Science degree in Criminology from California State University, Fresno. She is a Mental Health First Aid (MHFA) certified trainer since 2011. She is certified in the Adult and Youth MHFA courses.

8:00 – 8:30 AM	Registration Check In & Light Breakfast
8:30 – 10:30 AM	<i>Training (2)</i>
10:30– 10:45 AM	Break
10:45 – 12:30 PM	<i>Training (1.75)</i>
12:30 – 1:00 PM	Box Lunch Provided
1:00 – 3:00 PM	<i>Training (2)</i>
3:00 – 3:15 PM	Break & Light Refreshments
3:15 – 5:30 PM	<i>Training (2.25)</i>



California Association of DUI Treatment Programs  
1026 W. El Norte Pkwy PMB 143 Escondido CA 92026  
CADTP Organizational Membership – CADTP AOD Counselor Registration and Certification  
Phone: (800) 464-3597 Fax: (866) 621-2286  
Email: [info@cadtp.org](mailto:info@cadtp.org) Website: [www.cadtp.org](http://www.cadtp.org)  
Like us on Facebook and Follow us at @CADTP



Please use one registration form per registrant. You may photocopy for additional registration forms.

- Register by mail: A completed form for each registrant and include a check/money order for the appropriate fee(s), payable to "CADTP" or with a completed credit card form and mail to:
  - CADTP Sacramento MH First Aid Training 1026 W. El Norte Pkwy. PMB 143 Escondido CA 92026
- Register by fax or email with credit card: CADTP accepts MasterCard and VISA payments. To charge, please complete the credit card information on the next page and mail, fax, or email.
- Timely registrations must be postmarked no later than December 7, 2018. Those not registering in a timely fashion cannot be guaranteed space and/or materials. Written confirmation of registration will be sent to those who register in a timely manner.
- As space is limited and we have set the training cost to just cover the training expenses there will be no refund of registration fees for cancellations.
- Registration is on a first come first serve basis until the seats are filled.

### Sacramento – Mental Health First Aid

#### REGISTRANT (Please Print/Type):

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Organization: \_\_\_\_\_

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

#### REGISTRATION & FEES: Includes applicable meals and training materials:

\$60.00 per person

Non-CADTP Organizational Member, and not a Registered/Certified Counselor with CADTP

\$55.00 per person

Discount for CADTP Organizational Members and their employees and all CADTP AOD Registered/Certified Counselors

I am a:  CADTP Certified Counselor  CADTP Registered Counselor  CADTP Organizational Member

#### CREDIT CARD INFORMATION (Master Card or Visa)

Please print or type:

Full Name (as it appears on the card): \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card ID Number\*: \_\_\_\_\_

\*Card ID Number appears on the reverse side of the card as the last 3 numbers near the signature

Total Amount to be charged: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Daytime Phone Number (in case there is a question) \_\_\_\_\_

Note: You may register by fax or email only if you are paying with a credit card. Please fax the completed registration and credit card information form to (866) 621-2286 or email to [info@cadtp.org](mailto:info@cadtp.org). This is a secured fax and email and will be received in a secure location. Credit card information will be destroyed upon successful payment.