



Women's Division

# Women's Treatment Specialist

5 Classes -30 hours total- Bd Approval # 30011WTS or 30 hrs renewal

## Fall Workshop Series

All classes will be held in at the Board's Office at 1200 Tices Lane, Suite 206, East Brunswick, NJ

- W 101 Women and Diversity: Life Span Issues.
- W 201 Women's Substance Use, FASD, and Health Related Issues.
- W 301 Gender Specific Use Risk Factors and Practical Interventions
- W 401 Trauma Specific Treatment
- W 501 Systems Coordination

- All classes are 6 hours and start at 9 AM
- Courses can be taken individually
- All five must be completed as the educational requirement for the WTS
- Course will also count for renewal credit for all NJ DCA Marriage and Family Board credentials as well as all APCBNJ Certification Board credentials.
- Courses are \$75 per day
- Sign up for all five now and save \$50 off your WTS credential (\$125 instead of \$175)
- WTS application can be downloaded at this link: <http://www.certbd.com/pdfs/initial-applications/womans-treatment-specialist.pdf>  
(Be sure to hit "refresh" to get the latest application)

Check the classes you are registering for:

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | W 201 Instructor: Mary DeJoseph, DO, CPAS and Susan Aubato, PhD, CPAS | Date: Friday, October 28 <sup>th</sup>  |
| <input type="checkbox"/> | W 101 Instructor: Jean Hennon, LMFT, LCADC, CPAS                      | Date: Friday, November 4 <sup>th</sup>  |
| <input type="checkbox"/> | W 301 Instructor: Judy King, LCSW, LCADC, CPAS                        | Date: Friday, November 11 <sup>th</sup> |
| <input type="checkbox"/> | W401 Instructor: Jean Hennon, LMFT, LCADC, CPAS                       | Date: Monday, November 28 <sup>th</sup> |
| <input type="checkbox"/> | W501 Instructor: Yisel Alaoui, MA, LCADC, ICADC                       | Date: Friday, November 18 <sup>th</sup> |

Check course(s) you are registering for and send check, money order, or agency voucher, made payable to: Certification Board, Inc. 1200 Tices Lane, Suite 206, East Brunswick, NJ 08816

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

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

I have attached a check or money order for: \_\_\_\_\_

Please contact us at <http://www.certbd.com/contact.asp> with any questions.  
Directions to the Board Office: <http://www.certbd.com/directions.asp>