If you would like to attend this session, fill out the form below, and fax to reserve your seat.

Center for Urban Transportation Research
Attn: Molly Buffington
University of South Florida
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(813) 974-3120
(813) 974-5168 fax
buffington@cutr.usf.edu

WHO SHOULD ATTEND
Transit agency substance abuse program managers, human resource managers, safety managers, state DOT representatives, and third-party contractors for transit substance abuse programs. The Employee Assistance Certification Commission (EACC)/Employee Assistance Professional Association (EAPA) awards 14.5 Professional Development Hours for completing TSI's Substance Abuse Management and Program Compliance course. The PDH's can be applied to the yearly requirements for drug consortiums and other agencies with annual continuing education requirements for transit substance abuse professionals. PDH's awarded by the EACC may be applied toward meeting Certified Employee Assistance Professional (CEAP), psychology, counseling, social work, education, and related credentialing, and accreditation or licensure requirements as accepted by the respective credentialing board or agency. This course also meets the requirements for C-SAPA certification (up to 8 hours) and 40-281(d) Continuing Education 3-year requirement for SAP functions.

REGISTRATION INFORMATION
There materials fee of $40 will be paid by the FDOT Statewide Transit Training and Technical Assistance Program. Space is limited, so please register early to avoid disappointment. A confirmation letter will be forward to each registrant with schedule and hotel information. Cancellations must be made 15 business days before class. The deadline for registration is Friday, February 8, 2008.

If you would like to attend this session, fill out the form below, and fax to reserve your seat.
REGISTRATION FORM TO ATTEND
SUBSTANCE ABUSE MANAGEMENT AND PROGRAM COMPLIANCE (FTOO465)
MARCH 18-20, 2008
TAMPA, FLORIDA

REGISTRANT'S NAME _________________________________________________________________

JOB TITLE _________________________________________________________________________

MAJOR DUTIES & RESPONSIBILITIES __________________________________________________

SUPERVISORS NAME ___________________________________________________________________

EMPLOYER __________________________________________________________________________

ADDRESS ___________________________________________________________________________

CITY __________________________ STATE_________ ZIP________________________

PHONE _____________________________________________________________________________

FAX _______________________________________________________________________________

EMAIL ______________________________________________________________________________

COURSE TITLE/CLASS NUMBER _________________________________________________________

☐ Substance Abuse Management & Program w/Reasonable Suspicion - March 18-20, 2008
☐ Reasonable Suspicion Seminar Only– March 20, 2008

A Reasonable Suspicion Seminar will be held on March 20, 2008. If you would like to attend this 1/2 day seminar, please fax this registration form to Molly Buffington, indicating you are attending the Reasonable Suspicion session.