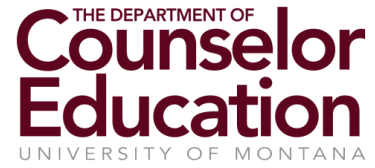




Please send completed form and payment to: Children's Museum Missoula, 225 West Front Street, Missoula, MT 59802



Psychopharmacology for Mental Health Professionals

This course is an overview of psychopharmacology. There will be information about different classes of medication, their side effects, and best uses, along with case studies. This is based on a two-day lecture series given by Dr. Judith Durham. With some online research and content from the videos, you should be able to make appropriate client referrals for medication, understand how medications can interact, and what you will expect to see from clients who are on different medications.

This class is offered online and can be accessed through Moodle. It will be posted through the winter session, from January 2nd to January 19th, 2018. In this course, you will be expected to move at your own pace as long as you complete all work by January 19th.

REGISTRATION FORM

Last Name _____ First Name _____ MI _____
Mailing address _____ City _____ State _____ Zip _____
Primary Phone No. (____) _____ - _____ Primary email Address _____

FOR UNIVERSITY OF MONTANA STUDENTS SEEKING GRADUATE CREDIT

CRN: 201822/22056

If you're a University of Montana Student and wish to earn 1 graduate level credit (COUN 595), complete the information below and include a check for \$300 (made payable to the Children's Museum Missoula).

UM student ID # 790 _____ Birth Date (Month/Day/Year) _____

To receive graduate credit, please complete the following regarding your last degree earned:

Degree granted _____ Year _____ Institution _____

I hereby certify that, to the best of my knowledge, the foregoing information is true and complete without evasion or misrepresentation.

Your signature _____ Date _____

FOR NON-UNIVERSITY OF MONTANA STUDENTS

Please include a check made payable to the Children's Museum Missoula for \$300. This workshop is approved for continuing education units by the Montana Board of Behavioral Health and Therapy. Attendees will earn 12 clock hours of continuing education for completing this workshop.

Total enclosed fee:

I hereby certify that, to the best of my knowledge, the foregoing information is true and complete without evasion or misrepresentation.

Your signature _____ Date _____