

NORTHERN ILLINOIS EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION

Certificate of Attendance

This certificate is awarded to

*in recognition of participation in:
Use of Narrative in EAP Assessment and Treatment*

Presented by:

Frank Wagner, LCSW

ILDPR Social Work Training Provider #159 000222	2.0 CEU
LCPC & NCC License Holders use Social Work #	2.0 CEU
ICB Program # 14655 Counsellor II, Preventionist II, CARS II,	2.0 CEU
CODP II, PCGC II, CCJP II, CRSS II, CPRS II, MAATP II, CFPP II,	
NCRS II, CVSS II	
EACC Approval #SSNICP0419-W05	2.0 PDH
ILDPR Marriage & Family Therapist #168-000157	2.0 CEU

Signature: _____

Michael Goldman
Credentialing Committee

EACC PDH Training Attendance Record

(Professional Development Hours for CEAPs)

CEAP/Candidate's Name (print) _____

I verify that I have attended the Training as indicated.

Signature of CEAP/Candidate _____

Date _____

INSTRUCTIONS:

The training provider is responsible for providing the:

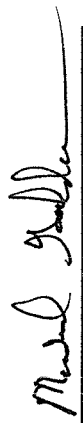
- a. EACC approval # (see attached sheet)
- b. Number of hours
- c. Domain areas

The CEAP/Candidate is responsible for:

- a. Retaining this record of training attended
- b. Entering this information into his/her PDH/Summary log

Name of Organization Providing Training:
 Northern Illinois Employee Assistance Professionals Association
Des Plaines, IL
Use of narrative in EAP Assessment and Treatment
Frank Wagner, LCSW
 Date of training: April 12, 2019
 EACC Approval # SSNICP0419-W05
 Number of PDHs 2.0 Domain III
 Domain I: EA Program Design, Administration and Management
 Domain II: EA Services to the Organization
 Domain III: EA Services to Employees and Family Members

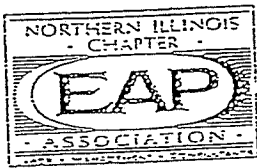
I verify that the training for this CEAP/Candidate was as approve


 Michael Goldman
 Chairperson, Credentialing Committee

This form is designed for one training event only; one EACC Approval Number per form

NIEAPA Guest Sign-In

First & Last Name	
Organization	
Street Address – Suite/Apt #	
City, State, Zip	
Phone	
E-mail	
Do you want to be on mailing list?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a student <input type="checkbox"/> Yes <input type="checkbox"/> No
First & Last Name	
Organization	
Street Address – Suite/Apt #	
City, State, Zip	
Phone	
E-mail	
Do you want to be on mailing list?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a student <input type="checkbox"/> Yes <input type="checkbox"/> No
First & Last Name	
Organization	
Street Address – Suite/Apt #	
City, State, Zip	
Phone	
E-mail	
Do you want to be on mailing list?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a student <input type="checkbox"/> Yes <input type="checkbox"/> No
First & Last Name	
Organization	
Street Address – Suite/Apt #	
City, State, Zip	
Phone	
E-mail	
Do you want to be on mailing list?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a student <input type="checkbox"/> Yes <input type="checkbox"/> No
First and Last Name	
Organization	
Street Address – Suite/Apt #	
City, State, Zip	
Phone	
E-mail	
Do you want to be on mailing list?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a student <input type="checkbox"/> Yes <input type="checkbox"/> No



PROGRAM EVALUATION

YOUR THOUGHTS AND COMMENTS ARE VERY IMPORTANT TO THE PRESENTERS AND TO US AS WE PLAN FUTURE EVENTS. PLEASE TAKE A FEW MOMENTS TO FILL IN THIS FORM.

Presentation title: _____

Presenter(s): _____

Your name (optional): _____

#	Areas	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Goals and objectives were clear					
2	Learning objectives were achieved					
3	Content was logically organized and sequenced					
4	Sufficient opportunities were provided for questions and discussions					
5	Content was current					
6	Ideas were communicated clearly					
7	Presenter(s) had command of subject matter					
8	Support materials were helpful					
9	This session was relevant to my work					
10	The room was comfortable					
11	Overall I was satisfied with this session					

12 What topics would you like to see presented in the future?

THANK YOU FOR YOUR THOUGHTFUL CONTRIBUTION