

12 HOUR STRTP CERTIFICATION TRAINING

**Class Size is Limited to Seven (7) participants.
Please Register As Soon As Possible To Insure Your Place**

Class hours are 9:30 a.m. to 4:00 p.m. daily for 2 days

Presented by Bay Area Alliance for Youth and Family Services, Inc.
This course is approved by the California Department of Social Services
Administrator Certification Program.
Vendor No. 2000180-733-2

Course Description:

This course will provide 12 hours of classroom instruction meeting the criteria as established in section 87064.2 regarding Short-Term Residential Therapeutic Program (STRTP) Administrator Certification Requirements for individuals possessing a **valid group home administrator certificate** issued by the Administrative Certification Section of the Calif. Dept. of Social Service. The training includes the following core of knowledge content:

- A. Three (3) hours of instruction in **Laws and Regulations** and policies and procedural standards that impact the operation of an STRTP facility.
- B. Three (3) hours of instruction on the administration, storage, prevention of misuse, documentation, and metabolic monitoring of children prescribed psychotropic **Medications**.
- C. Two (2) hours of instruction on **Admission, Retention, and Assessment** procedures, including personal rights of foster children to have fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
- D. One (1) hour of instruction on the **Federal Indian Child Welfare Act** (25 U.S.C. Sec. 1901 et seq.), its historical significance, the rights of children covered by the act, including cultural appropriate child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.
- E. One (1) hour of instruction in **Cultural Competency and Sensitivity** for children across diverse ethnic and racial backgrounds including children identifying as Lesbian, Gay, Bisexual, Transgender, Questioning, Asexual or Intersexual (**LGBTQAI**).
- F. Two (2) hours of instruction in the **Physical and Psychosocial** needs of children, including behavior management, de-escalation techniques, and trauma informed crisis, care and management planning.



Bay Area Alliance for Youth and Family Services, Inc., 1820 Galindo St. #220, Concord, CA 94520
Phone: (925) 609-6990 FAX: (925) 969-8337 Email: baayfs@yahoo.com

IMPORTANT Please Read -- Registration Agreement:

The training course fee is **\$250**. Space is reserved on a first come first serve basis. Registration is confirmed with full payment either by check or credit card (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS). In the event of cancellation due to an unanticipated situation whereby you are not able to attend after paying the fee, you may re-schedule your training to another date and have your payment re-applied to another class date

It is understood that by registering for this training you commit to attending and completing all the sessions and course assignments. By signing below or having my name registered for me on my behalf by my agency, I am accepting and acknowledging the terms of the registration agreement.

Your Signature **Print Your Name** **Date**

2017 Training Dates (check the training dates you are registering for):

- JUL 6 & 7 AUG 24 & 25 SEPT 7 & 8
 OCT 19 & 20 NOV 16 & 17

Training Title: **12 Hour STRTP Administrator Certification Training**

Training Site Location: **1820 Galindo St. #220 in Concord, CA**

PARTICIPANT's Name _____

Address _____ City _____ Zip _____

Telephone _____ FAX _____ Email _____

Your Group Home Administrator Certificate No. _____ and
Expiration Date _____

Your Group Home Agency Information, *if applicable*:

Agency Name _____

Agency Contact Person _____ Telephone _____

Enclosed is a check payable to BAAYFS for **\$250** **OR**

Please charge \$250 to my credit card:

- Visa Mastercard Discover American Express

Account Number _____

Expiration Date _____ Zip Code _____

Authorizing Signature _____

You may MAIL [see top of page], FAX [925/969-8337] or EMAIL [baayfs@yahoo.com]
this Registration