

## STRTP 40 HOUR INITIAL CERTIFICATION TRAINING PROGRAM (ICTP)

### APPLICATION

**Class Hours are 9:00 am to 5:30 pm daily for a total of 5 days split into 2 consecutive weeks (Wednesday thru Friday 1<sup>st</sup> week and Thursday and Friday of the 2<sup>nd</sup> week**

This 40 STRTP Initial Training Course is presented by the Bay Area Alliance for Youth and Family Services, Inc., and approved by the California Department of Social Services, Community Care Licensing (CCL), Administrator Certification Section (ACS)

**Course Description and Objectives:** This course meets the requirements outlined in the Short-Term Residential Therapeutic Program Interim Licensing Regulations Core of Knowledge Section 87064.2 which include the following (see below); and by the end of the course participants will understand and be enabled to apply skills needed to operate a STRTP facility in substantial compliance:

Laws and Regulations (6 Hours)

Business Operations & Management, Supervision and Training of Staff (8 Hours)

Community and Support Services (3 Hours)

Physical and Psychosocial Needs of Residents (4 Hours)

Medication including Management of Psychotropic Medication (4 Hours)

Admission, Retention, and Assessment Procedures (5 Hours)

Emergency Interventions and Reporting Requirements (2 Hours)

Providing for the Safety of Foster Youth (2 Hours)

Cultural Competency and LGBTQ needs (2 Hours)

Permanence, Well-Being, and Educational Needs (2 hours)

Overview of the Federal Indian Child Welfare Act (1 hour)

Providing Sexual and Reproductive Healthcare Information to Residents (1 hour)

**PLEASE NOTE – This course CANNOT be used for RENEWAL** of an STRTP Administrator Certificate unless it has been more than 4 years since the expiration date of an Administrator Certificate previously issued by the Administrator Certification Section.

*Baayfs, Inc.* Bay Area Alliance for Youth and Family Services, Inc., 1820 Galindo Street, Ste. #220, Concord, CA 94520. Phone 925-609-6990 FAX 925-969-8337 Email: [baayfs@yahoo.com](mailto:baayfs@yahoo.com). Instructor Name and Contact: Patrick Davis, 925-325-4449

**IMPORTANT PLEASE READ –REGISTRATION FEE AND AGREEMENT**

**The training fee is \$850 and includes:** The cost of the Training, a copy of the Title 22 CCL Regulations (both the General and Group Home Regulations) and Daily Material Packets related to the STRTP Core of Knowledge. Please bring with you a 3 inch-ring binder to hold your daily materials that will be provided on the date of your training. **Registration is confirmed with a non-refundable deposit of \$425 either by check or credit card** (We accept VISA, MASTERCARD, DISCOVER, AND AMERICAN EXPRESS). Final balance, if any, is due the first day of class. In the event of cancellation due to an unanticipated situation whereby you are not able to attend after paying your deposit, you may re-schedule your training to another date and have your deposit re-applied; otherwise deposits are not refundable as resource materials have been made and your place in the training has been reserved. By registering for this training and signing this agreement you are committing to attending all the class sessions and completing all course assignments, and accepting and acknowledging the terms of the registration agreement.

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**Your Signature**

**Print Your Name**

**Date**

**2019 Training Dates (Check the Training Date you are registering for):**

( ) February 13,14,15,21,22    ( ) April 3,4,5,11,12    ( ) July 10,11,12,18,19

( ) September 4,5,6,12,13    ( ) November 6,7,8,14,15

Please call 925-325-4449 to confirm possible other weeks the 40 Hour STRTP Training Dates may be scheduled if the dates above do not work for your schedule.

**Training Site Location:** 17175 Monterey Street, Morgan Hill, CA 95037 (at the Morgan Hill United Methodist Church)

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**MAIL Application and Check** payable to BAAYFS for \_\_\_\$425 (deposit) or \_\_\_ \$850 (Full Payment).

See Address at top of page. **OR** Please charge \_\_\_\$425 (deposit) or \_\_\_\$850 (Full Payment) to my Credit Card ( ) VISA ( ) Mastercard ( ) Discover ( ) American Express

**Account Number** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Authorizing Signature** \_\_\_\_\_