



# Los Angeles Child Guidance Clinic

## Policy and Training Institute

### Core Competency: Assessing Infants and Toddlers Using the ICARE Form



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Infant-Family and Early Childhood  
Mental Health Specialist and  
Reflective Practice Facilitator II

**Who Should Attend:** Mental health clinicians, supervisors, and other therapists working with children ages 0-5.

**Training Overview:** As a result of this intermediate level training, participants will be able to gather the necessary developmental information to correctly and thoroughly complete the ICARE Form.

Participants will learn to utilize assessment strategies for in-home, clinic-based and/or MAT Intake.

**January 18, 2018**

**9 am — 4:30 pm**

**Location:**

**Los Angeles Child Guidance Clinic**

3787 S. Vermont Ave.

Los Angeles, CA 90007

\*Parking is off-site (\$15 cash per day)\*

\*\*Only light refreshments will be provided\*\*

**Registration:**

**Early Bird Registration: \$110** (ends 12/22/17)

**Registration Fee: \$120** (after 12/22/2017)

**Continuing Education: \$15**

6 CE Credits available for CA Psychologists,  
LCSWs, LMFTs, LPCCs, & LEPs.

Earn 6 hours towards CA Infant-Family Early Childhood Mental Health endorsement

**For Schedule and Learning Objectives, visit us at  
[www.ElTraining.org](http://www.ElTraining.org)**

Please contact **Quint Paige** for registration information and questions:

**Email:** [quintp@lacgc.org](mailto:quintp@lacgc.org) **Phone:** (323) 373-2400 x2127

**Fax:** (323) 334-2261

# Core Competency: Assessing Infants and Toddlers Using the ICARE Form

## THREE WAYS TO REGISTER

- ◆ REGISTER ONLINE AT [WWW.EITRAINING.ORG](http://WWW.EITRAINING.ORG)
- ◆ FILL OUT THIS FORM AND FAX with credit card information to (323) 334-2261
- ◆ FILL OUT THIS FORM AND MAIL with check or credit card information to:

Los Angeles Child Guidance Clinic  
Attn: Quint Paige  
3031 S. Vermont Avenue

### REGISTRATION FORM

#### PLEASE PRINT CLEARLY:

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(for confirmation)

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

I AM PART OF A GROUP: YES / NO

FOR GROUP DISCOUNT CONTACT QUINT PAIGE ([QUINTP@LACGC.ORG](mailto:QUINTP@LACGC.ORG))

PAYMENT METHOD: CHECK OR CREDIT

#### CREDIT CARD

NAME: \_\_\_\_\_  
(as appears on card)

CARD NUMBER: \_\_\_\_\_  
(VISA, MASTERCARD, DISCOVER)

BILLING ADDRESS: \_\_\_\_\_

CARD TYPE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CVC (last three digits on back of card): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I accept the Total Due below onto my charge card. If I am paying for multiple registrants I will write the Total Amount to be billed to me instead.

☐ Early Bird: \$110 (ends 12/22/17) ☐ Regular Fee: \$120 AND ☐ CE: \$15

If you are a CA Licensed Psychologist, Licensed Marriage & Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinic Counselor or Licensed Educational Psychologist and would like to receive CONTINUING EDUCATION UNITS please check: "CE" above.

\*Please make checks payable to [Los Angeles Child Guidance Clinic](http://Los Angeles Child Guidance Clinic).

\*\*If check is not enclosed, please write "check to follow".

\*\*\*Registering serves as a placeholder; seat is not guaranteed until payment is received.

\*\*\*\*10% administration fee will be charged for cancellations and check or credit card refunds, which must be submitted in writing at least one week prior to training.

No refunds or transfer credits for cancellations made within one week of training.

TOTAL DUE: \$ \_\_\_\_\_

**Continuing Education:** This training meets the qualifications for 6 hours of continuing education for licensed psychologists, LMFTs, LCSWs, LPCCs, and LEPs as required by the California Board of Behavioral Sciences and the California Board of Psychology. If you arrive past 9:00 am or leave early, no CE credits will be given. The Los Angeles Child Guidance Clinic is approved by the American Psychological Association to sponsor continuing education for psychologists. The Los Angeles Child Guidance Clinic is the sponsor of this program and maintains responsibility for this program and its content.  
**California Infant-Family & Early childhood Mental Health Core Competencies:** This training provides 6 hours of core competency credit (1 hour for Domain 1B, 4 hours for Domain 1E, and 1 hour for Domain 1F) for Core Providers and Mental Health Specialists as specified by the California Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health.

