



ELARC U: A Learning Community

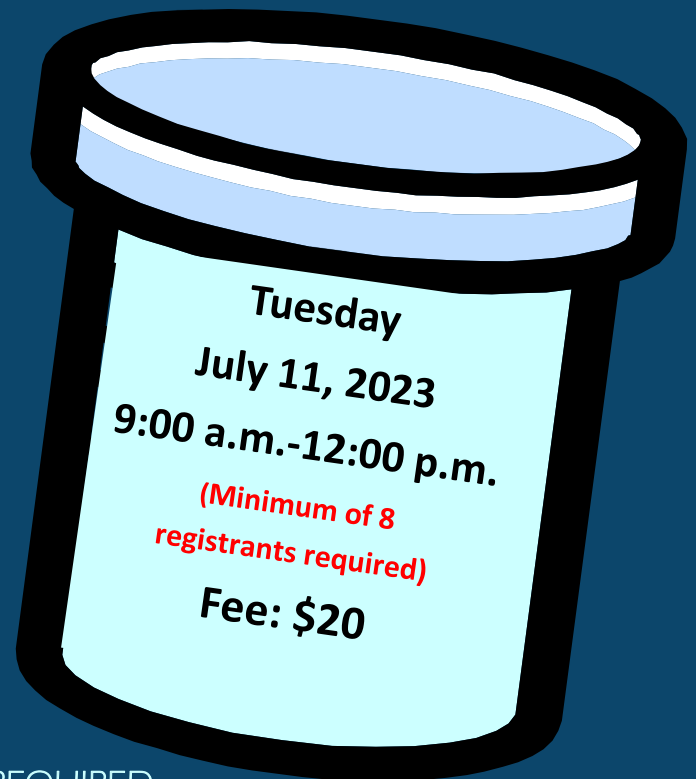
Service Providers Institute

MEDICATIONS:

- Are you a direct care professional ?
- Are you familiar with the medications used by the individuals you support?
- Do you know the purpose / reason the medications are prescribed ?
- Have you observed behaviors that are interfering with community integration and at risk of restrictive placement?



Join us as ELARC'S
Clinical Department reviews
In-depth medications commonly
Prescribed (including anti-seizure
medications, Psychotropics) and touch
On Enhanced Behavior Supports
Homes that may be available.



Pre-registration is REQUIRED

1. Log-in or create an account through ELARC'S Online Portal.

<https://elarcprovider.arcalearn.org/Login/Login.aspx>

2. From the home page of the Online Portal, you will see an announcement labeled "Medication Training". Make sure to click enroll as indicated.

*A direct zoom link for the training will be made available through the online portal *

For question about your registration please contact , Karen Sibrian at kasibrian@elarc.org

Good Training * Strong Partnerships * Better Service



www.elarc.org *info@elarc.org



PAYMENT FORM

**NOW THAT YOU HAVE PRE-REGISTERED ON THE ELARC TRAINING PORTAL
YOU MUST COMPLETE THE PAYMENT FORM AND MAIL WITH A CHECK TO:**

ELARC ATTN: Laiza Valdovinos

**Please RSVP as soon as possible as seating is limited to 30 people.
With a minimum of 8 registrants. If we do not reach the minimum we will
have to cancel the session. Funds will be credited for a future
training or you may choose to have your check voided.**

**Checks must be made to the order of “ Eastern Los Angeles Regional Center”
ELARC Community Services Division
ATTN: Laiza Valdovinos
P.O. Box 7916
Alhambra, CA 91802-7916
626-299-4793 email: lvaldovinos@elarc.org**

MEDICATIONS TRAINING - ADAPTED Tuesday, July 11, 2023

**Time and Location:
9:00 a.m. - 12:00 p.m.
Virtually**

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____

**Email _____