



**ELARC U: A Learning Community Service Providers Institute** 

- 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 for a Clinical Based Training as we get an in-depth review of medications commonly prescribed to the individuals we service.

TUESDAY: July 16, 2024 TIME: 9am- 12pm **Location: REMOTE** (Minimum of 8 registrants required) Fee: \$20

## PRE-REGISTRATION REQUIRED AND SHOULD BE COMPLETED ELECTRONICALLY THROUGH

ELARC ONLINE TRAINING PORTAL. https://elarcprovider.arcalearn.org

To register you must log-in through ELARC Online Training Portal and select which training you wish to participate in. Registration will be pending and confirmed once payment for the session is received. If payment is not received 3 weeks prior to the event the registration will be voided to make room for those on the waiting list. Access to the training will be made available through Online Training Portal on the day of event.

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

Good Training \* Strong Partnerships \* Better Service











## **PAYMENT FORM**

PLEASE PRE-REGISTERED ON THE <u>ELARC TRAINING PORTAL</u>
BEFORE COMPLETING THE PAYMENT FORM AND MAILING IN A CHECK or MONEY ORDER.

\*Please RSVP as seating is limited. If the minimum number of participants are not met, we will have to cancel the training. Funds will be credited for a future training or you may choose to have your check voided.

Checks/Money orders must be made to the order of:
Eastern Los Angeles Regional Center
ELARC-Community Services Division
ATTN: Leslie Sanchez
P.O. Box 7916
Alhambra, CA 91802-7916

email: Lsanchez@ELARC.org

## MEDICATIONS TRAINING Tuesday, July 16, 2024

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

Name:		
Agency:		
Address:		
City:	_ State:	_Zip Code:
Daytime Telephone:		
**Email		