AUTISM TRAINING SCHEDULE 2024

ADMH AUTISM SERVICES

SPRING QUARTER TRAINING

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Please read this document in its entirety. Scroll to page 2.



PROVIDER-WIDE	04/02/2024	https://mhalabama.zoom.us/meeting/register/tZUvfuygqzwoHNdxsmlHECidWfizc_TzuAKo
BEHAVIOR SUPPORT	04/04/2024	https://mhalabama.zoom.us/meeting/register/tZwkcO2hqDMvE928vtXJiwCxJ9WiNI-LAygg
THERAPUETIC MENTORING	04/09/2024	https://mhalabama.zoom.us/meeting/register/tZwsduqgqz8oGdbRSG4CwXUjYU7sMcBlg3Ff
PSYCHOEDUCATIONAL SERVICES	04/11/2024	https://mhalabama.zoom.us/meeting/register/tZUrcuCupjwtH9e76zoUd8lkSUTJFwOEv4Br
IN-HOME THERAPY	04/16/2024	https://mhalabama.zoom.us/meeting/register/tZYpdOmprz8sGNSsHS-dp_d0T9vVLVMJPSYo
PEER SUPPORT	RESERVED	

JANUARY FEBRUARY									MARCH								APRIL							MAY							JUNE										
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7 14 21	M 1 8 15	9 16 23	3 10 17 24	11 18	12 19	6 13 20	\$ 4 11 18	M 5 12	T 6 13 20	7 14 21	22	2 9 16	3 10 17 24	S 1 8 15	M 2 9 16 23	T 3 10 17 24	W 4 11 18	12 19	6 13 20	7 14 21	6 13 20	7 14 21	T 1 8 15 22	W 2 9 16	10 17 24	4 11 18	5 12 19	3 10 17	M 4 11	T 5 12 19	6 13 20	21	1 8 15 22	2 9 16 23	S 1 8 15	M 2 9 16 23	T 3 10 17 24	W 4 11 18	12 19	6 13 20	21

- If it has been more than one year since your last training session (case management & rehabilitation service providers), please register for Provider Wide Training.
- Registration is mandatory. Please register; it assists in the organization of training and materials.
- Cameras must be turned on during trainings to receive credit for attendance.
- All participants are expected to be engaged and participate during training sessions.
- When you accept the event to your calendar, it may disappear from your email. Please check your calendar for attachments and the event link.
- All participants must complete a pre-test and post-test.
- To successfully complete training, each participant must score 80% on the post-test.
- Pre-test and post-tests will be disseminated via email from the registration list. Tests are in pdf format and fillable.
 - o Open attachment.
 - o Type your name and date in the appropriate boxes (top of page).
 - o Select your answer to each question.
 - o Save or Save As (to change document name-optional/not necessary).
 - o Submit to shirah.suttles@mh.alabama.gov.
- You will also receive a survey-please complete your survey. It helps our team to make improvements to the training.
 - Submit survey to charlotte.smith@mh.alabama.gov
- Provider S.T.A.T.U.S Meeting dates will occur every other month on the third Wednesday. Those dates are in GREY!



This training is approved by the Alabama Department of Mental Health for continuing education in social work (#0125 exp. 1/31/2024). You must be present for the training in its entirety to receive contact hours. Contact hour verification will be provided via email for verified completions within 10 working days of the training.

