

OWI for Counselors

Workshop Date:

App Date	Full Name	Badge Name	New <input type="checkbox"/>	Alum <input type="checkbox"/>	Intake Person:
Address: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Organization		Name of Organization			
Street:			City:	State:	Zip:
Cell Phone	Additional Phone	Time Zone Choose an item.	Email Address:		
<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> MFT <input type="checkbox"/> LCP <input type="checkbox"/> CS Worker <input type="checkbox"/> Pastoral Lay Counselor <input type="checkbox"/> Other					
Do you plan to apply for CEU's?			*What board certifies you in your state?		
How did you hear about OWI?					
Will anyone you know be attending with you?					
Any physical limitations?			Food Allergies or dietary restrictions?		
Emergency contact person and relationship					
Phone: Cell <input type="checkbox"/> Wk <input type="checkbox"/> Hm <input type="checkbox"/>					

Payment information *FOR OFFICE USE ONLY*

Credit Card #	Expiration Date:	Sec Code:	Discount Discussed?	Amount of Discount if given:
Billing Name and address (if different from above)				
Amount Due	Payments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
\$	1 st payment due:	1.\$	Date Pd:	Ck#
	2 nd payment due:	2.\$	Date Pd:	Ck #
	3 rd payment due:	3.\$	Date Pd:	Ck #

Reason for Discount:

*Contact your State Licensure Board re CEU's - - - CEU's for OWI are approved for psychologists by APA through the AAEC.

Applicant informed [] yes Date _____

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Name		City/State		Zip Code
Organization		Position		
Have you attended other leadership conferences? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which one(s)?		
Prior personal growth work? <input type="checkbox"/> Y <input type="checkbox"/> N	Small Group <input type="checkbox"/> Y <input type="checkbox"/> N	One-on-one w/therapist <input type="checkbox"/> Y <input type="checkbox"/> N	Therapeutic processing group <input type="checkbox"/> Y <input type="checkbox"/> N	
Are you being sponsored by your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is attending the workshop a condition of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed		Attending with spouse? <input type="checkbox"/> Y <input type="checkbox"/> N	Spouse's Name	
What age group? <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50 +				

ISSUES YOU STRUGGLE WITH:

Personal and Professional:
Please list any losses you have experienced recently such as a death of a loved one, a job, financial, health, etc:

Special Instructions for facilitators