

OWI for Counselors

Workshop Date:

| | | | | | |
|---|------------------|--|--------------------------|--------------------------|----------------|
| App Date | Full Name | Badge Name | New | Alum | Intake Person: |
| Click here to enter a date. | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Address: <input checked="" type="checkbox"/> Home <input type="checkbox"/> Organization | | Name of Organization | | | |
| Street: | | City: | State: | Zip: | |
| | | | | | |
| Cell Phone | Additional Phone | Time Zone | Email Address: | | |
| | | Choose an item. | | | |
| <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