Mental Health and Spirituality: Cultural Issues and Community Networking
May 30, 2012
Carroll College - Commons, Helena, MT

Please read directions carefully.

Send application (Page 2 only) to:

Yvonne Gentile
Addictive & Mental Disorders Division
ygentile@mt.gov
OR Fax: 406-444-4435

For questions re: the conference, contact Cindy Jensen (444.3356) or Marcia Armstrong (444.2878).

Please send only the page 2 of this document.

☐ Attendance will be limited to 75 individuals.
☐ E-mail confirmation will be sent when approved; a space will then be reserved for applicant. There is no charge for this conference. 6.75 CEU’s have been requested. All other costs are the responsibility of the applicant.
☐ Check-in is 8:00a; coffee and tea provided, as well as lunch.

Agenda

8a  Coffee, networking and check-in

8:30a  I. Introduction
   A. What do you know?
   B. Nancy’s research

10a  Break: 15 min.

II. Wrestling With Our Inner Angels
   A. Faith, Mental Illness, and the Journey to Wholeness

12n  Lunch: 30 minutes/on-site
   B. Taking a Spiritual Assessment
   C. Cultural Issues

2:15p  Break: 15 min.

D. Bringing it all together...how does this work for me, my mental health, and my community?

4:15p  Questions and evaluations
APPLICATION for Mental Health and Spirituality: 
Cultural Issues and Community Networking 
May 30, 2012 – Wednesday 
Carroll College - Commons 
1601 North Benton Avenue, Helena, MT 59625 
(406) 447-4300 

Name (Please Print): ________________________________________________

Employing Organization: ____________________________________________

Position: _____Counselor _____Social Worker 
  _____Psychologist _____Licensed Addiction Counselor 
  _____Psychologist _____Prescriber 
  _____Other _____________________________________________________

Work Address: ______________________________________________________

Contact phone #: __________________________ E-mail (REQUIRED): _______________

(Your e-mail or a contact e-mail is required. Notification will only occur through e-mail.)

My work setting is (check all that apply):

  _____ Day treatment _______ Outpatient office-based 
  _____ Group home _______ Residential 
  _____ Hospital inpatient _______ Mental health center 
  _____ Substance abuse treatment _______ School Based 
  _____ Other _____________________________________________________

OR My interest in this conference is as a __________________________________________

CEU’s requested: _____Yes _____No

Application cannot be processed if information submitted is illegible or incomplete.