NCADD-RA
Educational Opportunities

National Council on Alcoholism and Drug Dependence-Rochester Area

May 2024

Diet for a Healthy Recovery

Presenter: Dylan Mariah, RN, LMHC, Certified Health Coach, Certified Nutrition Coach

Date: Friday, May 3, 2024

Time: 9:00 a.m. - Noon

Cost: $40

Content: This workshop will provide mental health and addiction support professionals and the recovery community with a practical and research-based understanding of the value of a Healthy Diet in addiction recovery. Emphasis will be on understanding some nutritional needs of recovering people and how they can be met through dietary choices.

Clock Hours:

CASAC Renewal
CPP Section 1
CPS Section 1

Registration deadline:

Friday, April 26, 2024

This training is IN PERSON ONLY
NCADD-RA
1931 Buffalo Rd
Rochester, NY 14624

Click on the link below to register online:
https://ncadd-ra.org/events-trainings/

St. John Fisher University *is recognized by the New York State Educational Department's State Board as an approved provider of continuing education credits for* ***Licensed Mental Health Counselors.***

Nazareth University *is recognized by the New York State Educational Department's State Board as an approved provider of continuing education credits for* ***Licensed Clinical Social Workers.***

Name of registrant: _____ **Agency**: _____

Phone Number: _____ **E-mail:** _____

Interested in: *(Choose one or more)*

☐ **LMHC Credit Hours** *Only for Licensed Mental Health Counselors renewal or initial credential*

☐ **LCSW Credit Hours** *Only for Licensed Clinical Social Workers renewal or initial credential*

☐ **OASAS CASAC Renewal, CPP & CPS Credit Hours**

Payment information:
To mail in your registration, please return this form and **NON-REFUNDABLE** registration fee to: **NCADD-RA, Attention: Elaine Alvarado 1931 Buffalo Rd., Rochester, NY 14624.**

☐ Check (enclosed)

☐ Credit Card Payment: ☐ Visa ☐ Master Card ☐ Discover ☐ AMEX

Card Number: | | | | | | | | | | | | | | | | |

CVV: | | | | Expiration Date: | | |

Name on credit card and billing address (*please note that billing address is the address where the credit card bill goes to)*

Name: _____ Agency: _____

Address: _____

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For more information, please call or e-mail Elaine at (585) 719-3481, ealvarado@depaul.org