Los Angeles County Psychological Association
2015 Continuing Education Program Series

Hot Topics in Ethics and Risk Management in Psychological Practice

Date: Saturday, January 31, 2015
Time: 9:00 a.m. – 4:00 p.m.
CE Credits: 6.0
Location: DoubleTree by Hilton
6161 West Centinela Ave.
Culver City, CA 90230
Presenter: Daniel O. Taube, J.D., Ph.D.
Culver City, CA 90230

LACPA is proud to offer this six credit course qualifying you for:

►15% premium discount on your Trust liability insurance for the next two years and provides a simple way to fulfill the legal and ethical requirement needed each relicensure period (BOP & BBS)

This workshop will focus on specific areas of professional conduct that have consistently surfaced during the 44,000 consultations to Trust insured over its 18-year history. After an introductory review of The Trust recommended risk management philosophy and strategies, the workshop will review a number of topic areas and include the presentation of a variety of vignettes related to each topic.

Topic areas covered during this workshop will include multiple roles and relationships, record keeping, patient suicide, limit setting and impasse resolution with clients, new challenges when working in settings where psychologists occupy multiple roles, conduct and conflict when operating in a legal arena, dealing with contentious child custody disputes, and how to reduce risk in the digital age.

We cannot accept phone registration. You may access online registration for all LACPA programs at www.lapsych.org.

Name (as on license)_________________________ Degree_________
Business Address ____________________________ Zip ____________
City/State ________________________________
Phone (____) ___________________________ CA Professional License # ____________
Email Address ____________________________

IF YOU ARE NOT A MEMBER, WE INVITE YOU TO JOIN LACPA AND ENJOY MEMBER PRICES.
GO TO WWW.LAPSYCH.ORG TO JOIN

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<tr>
<th>PLEASE CIRCLE THE APPROPRIATE FEE</th>
<th>LACPA Member</th>
<th>Non- Member</th>
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<td>1/31/15 Risk Management (6.0 hrs.)</td>
<td>$165</td>
<td>$220</td>
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Program fee includes: Continental breakfast, lunch, and parking.

Los Angeles County Psychological Association
17277 Ventura Boulevard, Suite 202, Encino, California 91316
818-905-0410 Fax 818-906-384 lacpa1@gmail.com www.lapsych.org

This course is co-sponsored by the Los Angeles County Psychological Association (LACPA) and The Trust. LACPA is approved by the American Psychological Association to sponsor continuing education for psychologists. LACPA maintains responsibility for the program and its content.
LACPA is grateful to The Trust for providing this program and its outstanding presenter. LACPA also is approved by the Board of Behavioral Science as a provider of Continuing Education Units (CEU) for MFTs and LCSWs: Provider No. PCE 276. The licensee is responsible for maintaining records of completed continuing education coursework. LACPA supplies a document that certifies the licensee was present for the entire program and earned the continuing education credits. Program and location is subject to change.

IMPORTANT NOTICE: Those who attend the workshop and complete the evaluation will receive six continuing education credits. Please note that APA CE rules require that we give credit to those who attend the entire workshop. Those who arrive more than 15 minutes after the scheduled start time or leave before the workshop is complete will not receive CE credits and will not be eligible for the 15% premium discount.

Cancellation Policy: To receive a refund, a written request must be received by Monday, January 26, 2015. Refunds will be processed within 30 days. A $35 processing fee is deducted from all refunds. Should it become necessary to cancel a course, those who have registered will be notified in writing, and the full course fee will be refunded. A $20 fee will be charged to register on the day of the program, if space is available.

PLEASE MAKE CHECK PAYABLE TO LACPA OR COMPLETE THE CREDIT CARD INFORMATION BELOW.

Visa/Mastercard No. ___________________________ Expiration Date: ____________
3 security numbers on back of card ________ Name as on credit card: _______________________
This credit card is mailed to this street number ________ city ________________________ and zip code ________