Continuing Education

California: MFT, LCSW, LEP, LPCC, RN’s, CAADAC

National: NAADAC

Training TYPE: Girls Circle Facilitator Training LOCATION: LOCATION\_TO\_EDIT

Training FIRST DAY DATE: START\_DATE

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| 1. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LICENSE #\_\_\_\_\_\_\_\_\_\_\_ TIME IN\_\_\_\_\_ TIME OUT\_\_\_\_\_\_ **CIRCLE:** MFT LCSW LEP LPCC RN CAADAC NAADAC |
| 2. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LICENSE #\_\_\_\_\_\_\_\_\_\_\_ TIME IN\_\_\_\_\_ TIME OUT\_\_\_\_\_\_ **CIRCLE:** MFT LCSW LEP LPCC RN CAADAC NAADAC |
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| 4 NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LICENSE #\_\_\_\_\_\_\_\_\_\_\_ TIME IN\_\_\_\_\_ TIME OUT\_\_\_\_\_\_ **CIRCLE:** MFT LCSW LEP LPCC RN CAADAC NAADAC’ |
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| 6. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LICENSE #\_\_\_\_\_\_\_\_\_\_\_ TIME IN\_\_\_\_\_ TIME OUT\_\_\_\_\_\_ **CIRCLE:** MFT LCSW LEP LPCC RN CAADAC NAADAC |
| 7. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LICENSE #\_\_\_\_\_\_\_\_\_\_\_ TIME IN\_\_\_\_\_ TIME OUT\_\_\_\_\_\_ **CIRCLE:** MFT LCSW LEP LPCC RN CAADAC NAADAC |
| 8. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LICENSE #\_\_\_\_\_\_\_\_\_\_\_ TIME IN\_\_\_\_\_ TIME OUT\_\_\_\_\_\_ **CIRCLE:**  MFT LCSW LEP LPCC RN CAADAC NAADAC |
| 9. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LICENSE #\_\_\_\_\_\_\_\_\_\_\_ TIME IN\_\_\_\_\_ TIME OUT\_\_\_\_\_\_ **CIRCLE:** MFT LCSW LEP LPCC RN CAADAC NAADAC |
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