



## 40-Hour Domestic Violence Counselor Training

### **Objective: To train state-certified domestic violence counselors serving Fresno County.**

- Meets CA Evidence Code 1037.1 for DV counselors
- MFT/LCSW CEUs for the Board of Behavioral Science
- Expert speakers and professional setting
- The course meets the qualifications for 40 hours of continuing education credit for *MFTs and/or LCSWs* as required by California BBS. CAMFT-Approved Provider # 129615

### **Topics covered:**

- History of domestic violence
- Civil & criminal law related to DV
- Domestic violence victim-counselor privilege
- Other laws that protect the confidentiality of victim records and information
- Societal attitudes toward domestic violence
- Peer counseling techniques
- Housing, public assistance and other financial resources available to meet the financial needs of domestic violence victims
- Referral services available to domestic violence victims

### **January 2018 Training Dates**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7	8	9 MMC 40-Hour DV Training 5 pm - 9 pm	10 MMC 40-Hour DV Training 5 pm - 9 pm	11 MMC 40-Hour DV Training 5 pm - 9 pm	12	13 MMC 40-Hour DV Training 8 am - 12 pm 1 pm - 5 pm
14	15	16 MMC 40-Hour DV Training 5 pm - 9 pm	17 MMC 40-Hour DV Training 5 pm - 9 pm	18 MMC 40-Hour DV Training 5 pm - 9 pm	19	20 MMC 40-Hour DV Training 8 am - 12 pm 1 pm - 5 pm

**Training Location: Clovis Police Department  
1233 5th St, Clovis, CA 93612**

For more information, contact Toni Davidson at 559.487.1309

## REGISTRATION FORM

Name: Agency: License No.(for CEUs only):

Address:

Phone #(s): Email:

**1. PLEASE CHECK THE BOX THAT APPLIES TO YOU:**

**Professional Development** I am enrolling to enhance my professional skills and would like a Domestic Violence Counselor Certificate (meeting EC 1037.1) and have enclosed \$300.

**Batterers' Facilitator's Core Curriculum Training** I am enrolling in this course to get 32 hours toward my 40-hour Batterers' Intervention Program Group Facilitator certification (meeting PC 1203.098) and I understand the additional 8 hours will be scheduled after the completion of the 40 Hour. Total enclosed: \$400

**MMC employee or registered intern/trainee**

**Volunteer** I am committing to serve MMC as a volunteer for a minimum of 4 hours per week for 6 months following the training. I have enclosed \$100. I understand that I must first pass all application and testing procedures, prior to placement. I understand that I will receive my Domestic Violence Counselor Certificate (meeting EC 1037.1) as well as **reimbursement of the \$100 fee upon completion** of the 6-month commitment.

1. I understand the importance of attending all sessions in order to receive my certificate. I will be present at all sessions unless illness or emergency should arise, in which case I will notify the facilitator as soon as possible and make up the hours at the next scheduled training. **The cost of making up sessions in future trainings is \$25 per topic hour.**
2. I understand that the topic of domestic violence can elicit strong and sometimes unexpected emotions, and may affect each individual differently. Therefore, I agree to do my part in creating a safe, non-judgmental environment in which each person (with backgrounds, experiences, beliefs, and values that may differ from mine) may participate in his or her own exploration and education about issues related to domestic violence.
3. I understand that returning this application does not guarantee me a spot in the training. It is subject to availability, on a first-come first-served basis.
4. Credit for hours is based on sign-in sheets, so be sure to sign-in and out each time or credit may not be given. MMC reserves the right to refuse to issue participants a Domestic Violence Counselor Certificate.
5. Cancellation Policy: Cancellations must be submitted in writing seven days prior to event for a refund minus a \$25 administration fee. Any cancellations less than 7 days prior will not be issued a refund.

Signature here indicates agreement:

Date:

**Form of Payment:**

Money Order  Check \_\_\_-PO DSS/FSP bill DSS

Credit Card:

Visa  MasterCard  Amex

Name on card:

Signature:

Card #:

Exp. Date:

I would like a certificate for CEUs (\$25 - LCSW or LMFT ONLY)

Amount enclosed for registration/s: \$

Amount enclosed for CEUs: \$

**Total amount enclosed: \$**

***Please return registration  
along with payment (payable  
to Marjaree Mason Center) to:  
Marjaree Mason Center  
Attention: Toni Davidson  
toni@mmcenter.org  
1600 M Street, Fresno, CA 93721  
TEL (559) 487-1309  
FAX (559) 237-0420***

***SEATING IS LIMITED. TO  
SECURE YOUR SPOT IN THE  
TRAINING, PLEASE RETURN  
YOUR REGISTRATION FORM  
WITH PAYMENT AS SOON AS  
POSSIBLE.***