





EASA Certification Process Checklist

Core	<input type="checkbox"/>	Intro Training 
	<input type="checkbox"/>	Multi-Family Group Training 
	<input type="checkbox"/>	SCID Training 
	<input type="checkbox"/>	Pass Medications Exam
	<input type="checkbox"/>	Community Education Demo Reviewed
	<input type="checkbox"/>	12hrs Consultation (conference calls): ___ / 12
	<input type="checkbox"/>	Assignments:
	<input type="checkbox"/>	1 Treatment/Service Plan
	<input type="checkbox"/>	1 Strengths Assessment
	<input type="checkbox"/>	1 Relapse Prevention Plan
<input type="checkbox"/>	1 Comprehensive Risk Assessment	
Advanced	<input type="checkbox"/>	SIPS Training 
	<input type="checkbox"/>	IPS/CIS Training
	<input type="checkbox"/>	Psycho-social Practices Training:
	<input type="checkbox"/>	MI Certificate
	<input type="checkbox"/>	SB Certificate
	<input type="checkbox"/>	CBT Certificate
	<input type="checkbox"/>	CO Certificate
	<input type="checkbox"/>	DD Certificate
	<input type="checkbox"/>	Assignments:
	<input type="checkbox"/>	3 Assessments: ___ / 3
	<input type="checkbox"/>	3 Transition Plans: ___ / 3
	<input type="checkbox"/>	2 Treatment/Service Plans: ___ / 2
	<input type="checkbox"/>	2 Strengths Assessment: ___ / 2
	<input type="checkbox"/>	2 Relapse Prevention Plan: ___ / 2
	<input type="checkbox"/>	2 Comprehensive Risk Assessment: ___ / 2
	<input type="checkbox"/>	10 Case Presentations: ___ / 10
	<input type="checkbox"/>	14hrs Consultation: ___ / 14
<input type="checkbox"/>	36hrs Diff Dx Consultation: ___ / 36	
<input type="checkbox"/>	15hrs MFG Consultation: ___ / 15	