



Hanley Center

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PROFESSIONAL DEVELOPMENT FOR PHYSICIANS 2012

The following information is requested prior to your participation in the Hanley Center Professional Development for Physicians Program. Your participation in the program is not confirmed until this application has been returned and you have been approved for attendance. Please complete this form and return it by mail to the address above or fax it to (561) 841-1290 as soon as possible to insure attendance. You will be notified by phone and mail once you are scheduled to attend.

Please circle and designate your first and second choice for attendance/availability from the dates shown below. The program is held Thursday through Friday. In the event that the date you are applying for is full, another will be suggested to you.

2012 DATES:
APRIL 19-20
SEPTEMBER 20-21

Name: _____

Address: _____

Daytime Phone _____ Mobile Phone _____

Home Phone _____ E-Mail Address _____

Male _____

Female _____



EMERGENCY CONTACT

1) Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Work Phone _____

Home Phone _____

How did you hear about our program?

Please tell us a little bit about yourself.

Medical specialty:

Private practice or other affiliation:

Degree and/or accreditation level:



Number of years in the field:

License Number

Has your license ever been revoked, suspended or denied? YES NO

If yes, please explain.

Previous training related to chemical dependency:

What is your current understanding of alcohol and other drug dependency as a disease?

What is your current understanding of how the Twelve Steps can help people in recovery?



PLEASE READ AND SIGN BELOW

By signing, I agree to the following:

I understand that the Hanley Center Professional Development for Physicians program is an experiential education program that takes place in a treatment facility and may involve contact with patients of Hanley Center. ***My role will be that of an observer.*** I will maintain patient confidentiality at all times.

I understand that the program runs Thursday and Friday from 8:30 am to 5:00 pm with optional attendance at Anniversary Night on Thursday at 7:00 if scheduled.

If accepted in the program I agree to participate in the entire program.

Signature

Date

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