

Los Angeles County Office of Education, Southern California Juvenile Officers Association,
the California Highway Patrol, and the California School Nurses Organization present

Drug Impairment Training for Educational Professionals (DITEP)

Thursday & Friday, February 16-17, 2012



8:00 a.m. - 5:00 p.m.

Mayfair Park

5720 Clark Ave.
Lakewood, CA 90712

\$95.00 (Cost Recovery)

DITEP is a two-day training intended to make school nurses, administrators, counselors and teachers, parents, and juvenile probation officers competent and confident in evaluating and documenting students suspected of abusing and being impaired by drugs.

**Resource Materials
& Lunch Included**

Agenda Day One:

- ❖ Introduction and Overview
- ❖ Drugs in Society
- ❖ Policy, Procedures, & Rules
- ❖ Overview of Alcohol
- ❖ Drug Identification, Categories & Effects
- ❖ Contacting the Parents
- ❖ References

Agenda Day Two:

- ❖ Eye Examinations
- ❖ Vital Signs
- ❖ Divided Attention Tests
- ❖ Poly Drugs
- ❖ Assessment Process
- ❖ Conclusion

Participant will:

- ❖ Become proficient in the evaluation of students suspected of drug use
- ❖ Gain knowledge about drug use in the educational environment
- ❖ Gain knowledge and information about various drug categories

Instruction by California Highway Patrol

Attendees will receive all material, tools, and a certificate of completion

12 CH's provided through the California School Nurses Organization

Provider approved by the California Board of Registered Nursing, provider number 04269, for 12 hours. You must attend the full program to obtain credit - No partial credit can be given.

Those wishing to obtain credits can make a check out to NCJOA at registration. Cost for credits is \$36 (\$3 per contact hours)

Questions?

Please contact Marilee Moon-Vanni, at (916) 690-4312 or mmoonvanni@adp.ca.gov

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Make check/purchase order payable to: CSJOA, Mail Registrations to: CSJOA, PO Box 278444, Sacramento, CA 95827
FAX registration to (916) 404-4970 On-line with PayPal at http://www.csjoa.com/north_index.shtml

Name: _____ Title: _____

District/Agency: _____

School: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____ Zip: _____

E-mail: _____

