



Ages & Stages Questionnaires Training Registration Form

Please print the following information:

Name: _____ Title: _____

Please indicate which category best applies to your field of employment:

Education Medical Mental Health Nursing Social Service Other _____

Agency/Organization _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Training Choices: (May register for more than one training)

Ages and Stages Questionnaires (ASQ)

- Friday, January 30, 2009
- Friday, March 20, 2009
- Friday, May 29, 2009

Ages and Stages Questionnaires: Social Emotional

- Friday, February 27, 2009
- Friday, April 24, 2009
- Friday, June 19, 2009

Continuing Education: 5.5 CEUs/CMEs per training Yes No



ACCREDITATION: The California Chapter 4, American Academy of Pediatrics is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The California Chapter 4, AAP takes responsibility for the content, quality and scientific integrity of this CME activity. The California 4, AAP designates this educational activity for a maximum of 5.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education. The California Board of Registered Nursing accepts courses that are Category I CME Credit for nursing continuing education.

Payment: (Please check the appropriate box and indicate amount in the column to the right)

- \$30 ASQ as an individual living or working in Orange County \$ _____
 - \$30 ASQ:Social Emotional as an individual living or working in Orange County \$ _____
 - \$65 ASQ as an individual living or working outside of Orange County \$ _____
 - \$65 ASQ:Social Emotional as an individual living or working outside of Orange County \$ _____
- Total** \$ _____

Make checks payable to: Regents UC

To reserve a seat, mail registration form with enclosed check or documentation of check request from your organization to:

Help Me Grow, 1915 W. Orangewood Ave., Suite 303, Orange, CA. 92868 (Fax # 714.939.6199)