



MCA

Maryland
Counseling
Association

9:00AM-
5:00PM

Saturday, February 1, 2014

Using the DSM-5 with Children, Youth, Couples, and Families

Sponsored by the Maryland Association for Marriage and Family Counselors

Location: Johns Hopkins University, Rockville, MD

OFFERING 7 CEUs for COUNSELORS & SOCIAL WORKERS!!

- Co-sponsored by the National Association for Social Workers - Maryland Chapter
- Approved by NBCC

The new DSM-V edition includes significant changes to the way mental illness is approached with children, youth, couples, and families, as well as important changes to the diagnostic categories themselves.

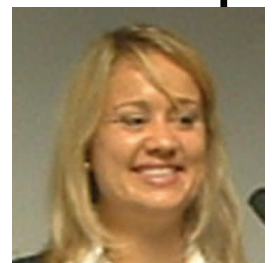


PRESENTERS:

Carman S. Gill, PhD., LPC, NCC, ACS - *Dr. Gill is President of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) and Counseling Program Chair at Argosy, DC. She is a co-author of the DSM-5 Learning Companion, an ACA publication, and*

has served as a member of the DSM 5 taskforce for ACA.

Stephanie F. Dailey, Ed.D., LPC, NCC, ACS - *Dr. Dailey is the lead author of the DSM 5 Learning Companion, an ACA publication, and has served on the DSM-5 taskforce for ACA. She is an assistant professor at Argosy, DC who specializes in crisis, trauma, and disaster mental health.*





MCA

Maryland Counseling Association

Don't Miss Out On:

- Expert speakers!
- Great networking opportunity!
- Diagnostic tools to add to your Counseling Toolbox!
- 8:30-9:00am Sign In
- Lunch on your own with colleagues at local eateries



Location:

The Johns Hopkins University
9601 Medical Center Drive
Rockville, Maryland 20850

7.0 NBCC & NASW CEUs

Registration FEES	Now - January 24	After January 24
Professional Member	\$125.00	\$150.00
Professional Non-Member	\$150.00	\$175.00
Lifetime Member	\$125.00	\$150.00
Past-President	\$125.00	\$150.00
Professional Board Member	\$55.00	\$80.00
Student/Retired Member	\$55.00	\$80.00
Student/Retired Non-Member	\$75.00	\$100.00
Board Member Student	Free	\$25.00

To Register Online Go To: www.MDCounseling.org

For more information email the Program Coordinator Chair, Elizabeth Emen at elizabeth.emen@gmail.com.

Name	Check Enclosed? Check #_____ *Make payable to MCA
Title	Charge to VISA or Mastercard. PLEASE CIRCLE REGISTRATION AMOUNT TO BE CHARGED ABOVE
Organization	Name as it appears on card:
Address	Exp. Date V. Code
	Card holder Phone Number
City/State/Zip	Card #
Phone	Card Holder Signature
Email	