

Drug Impairment Training for Education Professionals (DITEP)* June 12th and 13th, 2017

Location: St. Johnsbury Academy, Fuller Hall (Building #5/lower level)

Time: 8:30 a.m.-4:00 p.m.

Cost: \$25.00 for first day \$40.00 for both days (includes continental breakfast and lunch)

Day 1/June 12th: For individuals affiliated with schools/community and for high-level administrators since it focuses on general drug impairment and policies. It will include the following:

- Introduction and Overview
- Drugs in Society
- Policy, Procedures, and Rules
- Overview of Alcohol
- Drug Identification, Categories and Effects
- Contacting the Parent(s)
- References

Day 2/June 13th: For those who conduct hands on evaluations (i.e., identifying someone under the influence, including which substance). Appropriate for such as nurses, counselors, SAPs or front line staff. It will include the following:

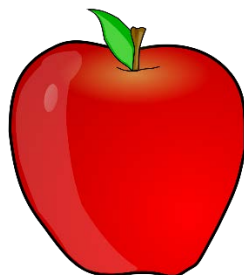
- Eye Examinations
- Vital signs
- Divided Attention Tests
- Poly Drugs
- Assessment Process
- Conclusion

Please share with administrators, nurses, counselors, proctors and anyone who may be interested in attending the training at a reasonable cost. For those who have taken the training in the past, this training is designed a bit differently than what you may have had.

*This is a collaboration between St. Johnsbury Academy, Northeastern Vermont Regional Hospital and the St. Johnsbury Local Office of the Vermont Department of Health. Funding is made possible in part by the Regional Prevention Partnerships grant initiative; the result of a cooperative agreement with the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

Questions may be directed to Deb Lee at 751-2471 or Cheryl Chandler at 751-2632.

Space is limited and on a first come basis!! Please Register by Friday, May 19th

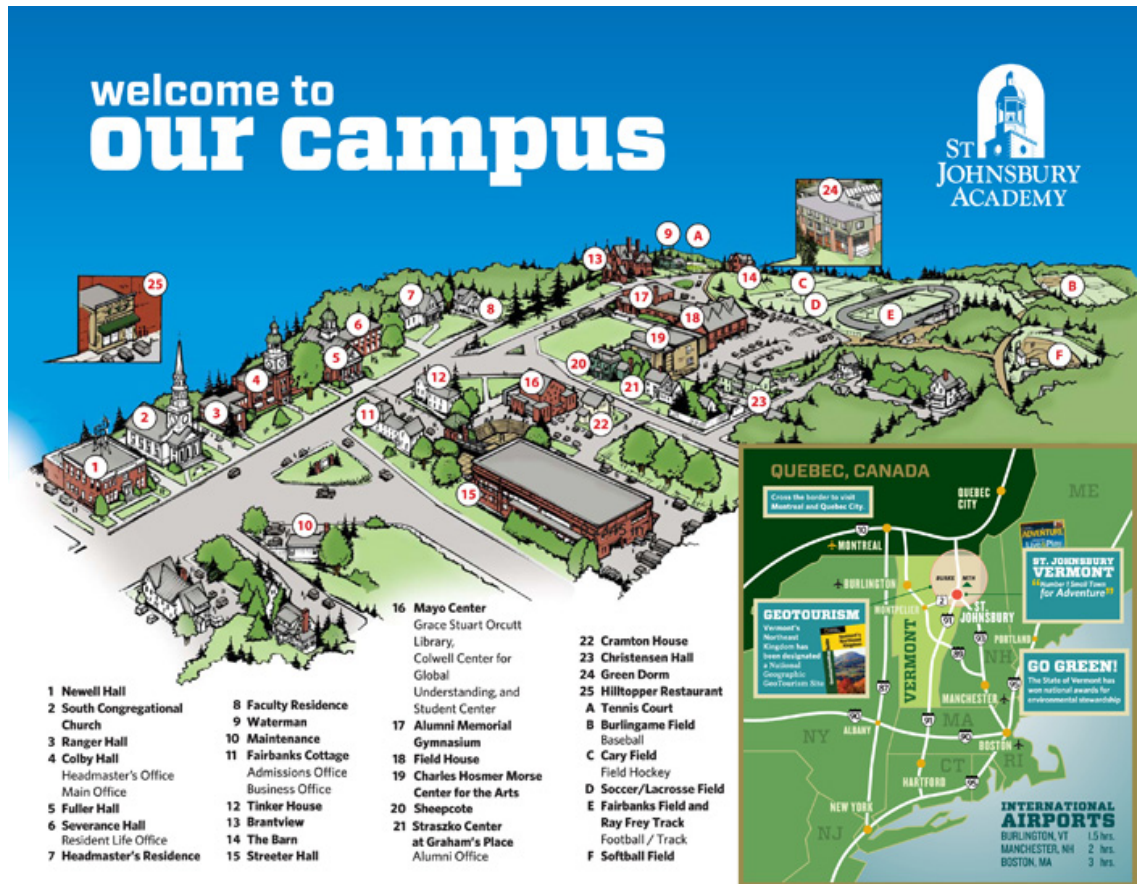


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*Please park in the Fieldhouse parking Lot (#22 on the map)

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Name _____ Email _____

Address _____

School or Organization _____ Phone _____

I am a (check one)
 Counselor Administrator Nurse SAP Other _____

Special Dietary Restrictions: _____

I will be attending (check one)
 Day One (6/12/17) Day 2 (6/13/17) Both Days (6/12/17-6/13/12)

Please make checks payable to St. Johnsberry Academy or provide P.O. and send with this completed form to Cheryl Chandler, 111 Eastern Ave., St Johnsberry, VT 05819

