

# Oregon Child Forensic Interview Training 2015 Application Form

**Submit your application and tuition by the application deadline (noted below) to:**

The Oregon Network of Child Abuse Intervention Centers (**Checks Payable to ONCAIC**)  
C/O CARES Northwest  
ATTN: Shannon Campbell  
2800 N Vancouver Avenue, Suite 201  
Portland, OR 97227  
Phone: 503-276-9016  
Email: [training@childabuseintervention.org](mailto:training@childabuseintervention.org) Website: [www.childabuseintervention.org](http://www.childabuseintervention.org)

## **Tuition - \$175**

Your application will not be processed unless it is signed by both you and your supervisor and your \$175 tuition fee has been received. If your application is not accepted for this training, your application fee will be returned to you.

We will strive to accommodate all applicants however priority will first be given to professionals conducting interviews at Child Abuse Intervention Centers (CAICs).

Requests for reimbursements will be available for Oregon professionals who are CAIC staff interviewers, law enforcement, or child welfare workers and who receive a certification of completion for the training. Reimbursement requests are limited to the cost of tuition and up to \$280 for hotel accommodations. Hotel accommodations must meet the GSA guidelines ([www.GSA.gov](http://www.GSA.gov)).

## **Participant Information**

<b>Name</b>	
<b>Title</b>	
<b>Agency</b>	
<b>Street, City, State</b>	
<b>Phone</b>	
<b>Cell Phone</b>	
<b>E-Mail Address</b>	

**Training you are applying for:**

\_\_\_\_\_ March 31-April 4, 2015 – Salem

**Registration Deadline: February 13, 2015**

\_\_\_\_\_ May 5-8, 2015 – Pendleton

**Registration Deadline: March 27, 2015**

\_\_\_\_\_ July 14-17, 2015 – Medford

**Registration Deadline: June 5, 2015**

**Trainings will be held from 8:00 a.m. to 5:00 p.m. on days 1, 2 and 3. Breakfast and lunch will be provided on these days.**

**Training will be held from 8:00 a.m. – 12:00 p.m. on day 4. Breakfast will be provided on this day.**

**Discipline:**

Which of the following best describes the discipline you represent:

\_\_\_ Child Protection

\_\_\_ Prosecution

\_\_\_ Law Enforcement

\_\_\_ Medical

\_\_\_ Forensic Interviewer

\_\_\_ Mental Health

\_\_\_ CAIC Staff (other than FI)

\_\_\_ Other (Please Identify) \_\_\_\_\_

**Need for Training:**

Please indicate your need for this training

**Do you conduct forensic interviews in a Child Abuse Intervention Center (vs. in the field or in another location)?**

\_\_\_ Yes

\_\_\_ No

If yes, please note the name of the CAIC. If no, please explain why. (i.e., we don't have one in our community)

**By signing this form and remitting your tuition fee you commit to:**

1. Attending Oregon Child Forensic Interview Training on the dates indicated above.
  2. Attending the training in its entirety. **Missing 30 minutes or more of the training will prohibit you from receiving a certificate of completion and you will not be eligible for any reimbursement of expenses related to the training.** The training is a 3 ½ -day, intensive training that begins at 8:00 a.m., includes a working lunch, and concludes at 5:00 p.m. On days 1, 2 and 3. The final day of training begins at 8:00 a.m. and concludes at 12:00 p.m. Upon completion of the training, you will receive a certificate for 32.0 training hours.
  3. Conducting two practice interviews and participating in peer review of my interviews and my colleagues' interviews during the training.
  4. Reading the following materials\* prior to attending the training:
    - a. Oregon Interviewing Guidelines (3<sup>rd</sup> ed. 2012)
    - b. Saywitz, K., Lyon, T. & Goodman, G.S. (2011). Interviewing Children. To appear in: J.E.B. Myers (ed.), The APSAC handbook on child maltreatment (3d ed.).
    - c. Lyon, T. D., & Ahern, E.C., (2011). Disclosure of child sexual abuse. In J. E. B. Myers (Ed.), The APSAC handbook on child maltreatment (3rd ed.). Newbury Park, CA: SAGE Publications, 233-252
- \*Once your application has been received and approved, the required reading materials will be emailed to you.*
5. Completing a pre-and post-test and daily quizzes that are built into each training module. The tests and quizzes will be based on the required reading materials and the curriculum.
  6. Earning a score of 85% or better on the post-test to receive a certificate of completion. If you do not receive an 85% or better, you will have the opportunity to receive coaching from your Regional Service Provider and to re-take the post-test to successfully pass and receive your certificate.

**Agreement and Signature of Applicant**

**Name (printed)**

**Signature**

**Date**

**Agreement and Signature of Applicant's Supervisor**

**Name (printed)**

**Title**

**Signature**

**Date**

**Cancellation Policy**

Cancellations received 30 days prior to the training will be refunded. Cancellations received fewer than 30 days prior to the training may not be refunded and may result in additional charges to your agency. Registration may be transferable up to one week prior to the date of training, with appropriate approval from a supervisor at your agency.

**Thank you for completing this application form and for your interest in this training.**