

2020 MJJA VIRTUAL FALL CONFERENCE

WORKSHOP VERIFICATION FORM

Deadline to submit: October 26, 2020

Name: _____

Email Address: _____ (must be the address you will use to access the virtual conference link)

Agency/Circuit/Department: _____

Please indicate below if you will be seeking the following credit hours for your attendance and participation in the conference:

_____ POST (please provide POST Number) _____

_____ MCLE (please provide bar #) _____

_____ CEU-must complete application with payment of \$10 and return prior to October 28)

[CEU Application](#)

Friday afternoon only (12:30—3:20 p.m.): There are 2 options for workshops. Choose only one. Links for the selected workshops will be sent to you after you are registered.

_____ OPTION 1: Wkshp #9: Missouri Medical Marijuana Regulatory Program, Wkshp #10: Confidentiality and Release of Information and Records, and, Wkshp #11: Missouri Crossover Youth Implementation Toolkit

_____ OPTION 2: Wkshp #12: Understanding and Responding to Youth with Problem Sexual Behavior Part 1 and Part 2.