



# Medical Issues in Child Abuse for Non-Medical Team Members

**March 6, 2009  
9:00 a.m. to 3:00 p.m.**

**Crowne Plaza Hotel  
282 Almaden Blvd.  
San Jose, CA**

## **Tuition = \$30.00**

Tuition covers your Registration Fee and Lunch.

**Registration Deadline = January 30, 2009**

## **Faculty**

**Rich Kaplan, M.D., M.S.W.,** — Associate Medical Director ; Midwest Children's Resource Center, Children's Hospitals and Clinics of Minnesota.

**This training is being held in conjunction with the Medical Training Academy and is specifically designed for non-medical providers working in child abuse.**

## **Topics Covered**

- Role of the Child Abuse Medical Provider
- Abusive Fractures
- Abusive Head Trauma
- Medical & Legal Issues in  
in Child Sex Assault Cases
- Abusive Cutaneous Injuries

***This training is sponsored by the  
Midwest and Western  
Regional Children's Advocacy Centers***

This project is funded by a grant from the Office of Justice Program, Office of Juvenile Justice and Delinquency Prevention, Department of Justice  
Grant # 2008CI-FX-K007



**Medical Issues in Child Abuse Cases for Non-Medical  
Team Members — Registration Form**

Friday, March 6, 2008

Crowne Plaza  
282 Almaden Blvd.  
San Jose, California

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency/CAC: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_

**Please Print Clearly** — Thank You!

**Method of Payment — Tuition = \$30**

**Full payment is required at time of registration.  
Registration Fee is Non-Refundable but it is  
transferable.**

**Please select your payment amount and indicate  
payment method.**

- \_\_\_\_\_ \$ 30.00 Tuition
- Check or money order enclosed
- Credit Card (We DO NOT accept  
American Express)
- \_\_\_\_\_ VISA Exp. Date: \_\_\_\_\_
- \_\_\_\_\_ MasterCard Exp. Date: \_\_\_\_\_

**Card Number:**  
\_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Card Billing Address:** \_\_\_\_\_  
(If different from above)

**Registration Deadline:  
January 30, 2009**

**On-line registration is available on  
our website at  
[www.WesternRegionalCAC.org](http://www.WesternRegionalCAC.org)**

**OR**

**Registrations can be mailed or  
faxed to:**

**ATTN: Debbie Smith**

**Fax: 719-884-0009**

**Phone: 719-884-0378**

**Western Regional CAC  
423 S. Cascade Avenue,  
Colorado Springs, CO 80903**