

KTIC Curriculum Order Form

Please PRINT OR TYPE **LEGIBLY** AND COMPLETE ALL SECTIONS OF THIS FORM.

NAME _____ DEGREE _____

LICENSE # _____ ARE YOU NEW TO THE FIELD? _____

EMPLOYER _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP _____

COUNTRY _____ E-MAIL _____

DAY PHONE _____ FAX _____

DISCIPLINE (CIRCLE ONE)

- | | | | |
|----------------------------|---------------------------------|--------------------------|---------------------|
| 1 ADMINISTRATION | 6 JUDICIARY | 11 NURSING | 16 RESEARCH |
| 2 ADVOCATE / HOME VISITOR | 7 LAW | 12 PEDIATRICIAN, GENERAL | 17 SOCIAL WORK |
| 3 CLERGY | 8 LAW ENFORCEMENT / CORRECTIONS | 13 PHYSICIAN ASSISTANT | 18 STUDENT / INTERN |
| 4 CPS, OTHER CHILD WELFARE | 9 MARRIAGE & FAMILY THERAPIST | 14 PSYCHIATRY | 19 OTHER MD: _____ |
| 5 EDUCATOR | 10 NURSE PRACTITIONER | 15 PSYCHOLOGY | 20 OTHER: _____ |

FEES (CIRCLE APPROPRIATE RATE)

A	INDIVIDUAL CURRICULUM (WITHOUT BOOKLETS)	\$135.00
B	BULK RATE – PURCHASING 2 OR MORE CURRICULUMS	\$120.00 (EACH)
C	SET OF 3 BOOKLETS (PARENT, TEEN AND CHILD)	\$35.00
D	SET 3 BOOKLETS IN SPANISH (PARENT,CHILD,TEEN)	\$35.00
E	SET OF 6 BOOKLETS (3 SPANISH AND 3 ENGLISH)	\$50.00
G	CURRICULUM WITH SET OF 3 BOOKLETS IN ENGLISH	\$150.00
H	CURRICULUM WITH SET OF 3 BOOKLETS IN ENGLISH AND 3 BOOKLETS IN SPANISH	\$165.00
ALL PRICES INCLUDE SHIPPING AND HANDLING		
SECTION 4 SUBTOTAL:		

Payment:

Please mail order form along with a check or money order, made out to Rady Children’s Hospital San Diego Chadwick Center, to Kids and Teens in Court, 3020 Children’s Way MC 5016 San Diego CA 92123. For other payment options contact Leslie Peterson, LCSW (858) 966-8682, Impeterson@rchsd.org