

**LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION**

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

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

DDAP #: \_\_\_\_\_

**CORE TRAINING INVOICE**

To: Lancaster County  
Drug and Alcohol Commission  
150 North Duke Street  
Lancaster PA 17603

For the Month of: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Date of Training	Training Description	Attendee Name	# of Hours	Rate	Total
	Addictions 101			\$40 p/h	
	ASAM			\$40 p/h	
	Case Management Overview			\$40 p/h	
	Case Management Skills Training			\$40 p/h	
	Confidentiality			\$40 p/h	
	Co-Occurring Education Training			\$40 p/h	
	Motivational Interviewing, Advancing the Practice* *Only required for Case Management Staff hired on or after July 1, 2020			\$40 p/h	
	Screening and Assessment			\$40 p/h	
<b>TOTAL</b>					

The SCA will pay up to 25 hours of training per year per clinician.

*I attest that the above information is true and correct. At a minimum, 80% of this reimbursement will be given to the attendee if the attendee is not a full-time employee of the facility.*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Facility Supervisor Approval

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Supervisor E-Mail Address

\_\_\_\_\_  
Supervisor Phone Number