

Leslie S. Tsukroff, Inc.
Business Management Consulting for Mental Health Practitioners
68 North Bridge Street
Somerville, New Jersey 08876
973-879-1678
LsTsukroff@aol.com
<https://www.LeslieTsukroff.com>

REGISTRATION INFORMATION

Course Titles (Check All That Apply)

_____ Course #2205 Avoiding the Slippery Slope in Private Practice: Managing Complex Ethical Issues

Course Fee: In-person: \$125.00

Live, interactive webinar: \$100.00

Credits: 5 Ethics for NJ Social Workers

Date: _____

Location: _____

_____ Course #2206 Warning: Boundary Crossing Ahead

Course Fee: In-person: \$125.00

Live, interactive webinar: \$100.00

Credits: 5 Ethics for NJ Social Workers

Date: _____

Location: _____

_____ Course #2207 Are You Ready For An Audit? Diagnosing, Documenting, Billing and Coding in PP

Course Fee: In-person: \$125.00

Live, interactive webinar: \$100.00

Credits: 5 Ethics for NJ Social Workers

Date: _____

Location: _____

_____ Course #2208 Everything You Need to Know - Documentation in Private Practice

Course Fee: In-person \$125.00

Live, interactive webinar: \$100.00

Credits: 5 Ethics for NJ Social Workers

Date: _____

Location: _____

_____ Course #2209 Using Technology in Social Work Practice: Ethical and Legal Implications

Course Fee: In-person: \$125.00

Live, interactive webinar: \$100.00

Credits: 5 Ethics for NJ Social Workers

Date: _____

Location: _____

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___ Course # 3089 Audit-Proof Progress Notes: An In-Depth Look at Documentation and Record-Keeping in Private Practice

Course Fee: In-person: \$50 Live, interactive webinar: \$40
Credits: 2 Clinical Practice for NJ Social Workers

Date: _____

Location: _____

___ Total # of workshops

___ X \$125.00

___ X \$100.00

___ X \$50.00

___ X \$40.00

___ TOTAL AMOUNT ENCLOSED

All workshops are presented by Leslie S. Tsukroff, MSW, LCSW

How to Register by Mail

**Send Registration information accompanied by payment to Leslie S. Tsukroff, Inc.,
68 North Bridge Street, Somerville, NJ 08876**

Please complete entire form with registrant's information

Name: _____

Address: _____

Cell: _____

Office: _____

Home: _____

E-mail: _____

___ Please check here if you'd like to be informed of upcoming workshops and appearances.

Indicate method of payment:

___ Check # enclosed (payable to Leslie S. Tsukroff, Inc.)

___ CC # _____

Card Expiration date: _____

V-Code: _____

Cardholder's Signature: _____

For questions, please contact Leslie S. Tsukroff @ 973-879-1678 or @ LsTsukroff@aol.com