

**Washington, DC**  
**October 19th, 2009**  
1325 G Street NW  
Ste. 500 Board Rm A  
Washington, DC 20005

**Vancouver, BC, CANADA**  
**November 19, 2009**  
1275 West 6th Avenue  
Vancouver, British Columbia,  
Canada V6G1A6

**Los Angeles, CA**  
**December 4th, 2009**  
Location: TBA

## Schedule

8:30 - 9:00 **Registration & Continental Breakfast**

9:00 - 10:30 **Overview of Attention Deficit Disorder and Attention Hyperactivity Disorder**

Topics include: Overview of ADD and ADHD, DSM IV diagnostic criteria, diagnostic procedures for children and adults (including classroom behavior ratings and self ratings), and treatment interventions, including counseling, medication, and school/workplace consultation.

10:30 - 10:45 **Break**

10:45 - 12:00 **Overview of Continuous Performance Tests (CPTs)**

Topics include: History, description, controversies, characteristics, and comparison of CPTs.

12:00 - 1:00 **Lunch Provided**

1:00 - 2:00 **The Structure, Administration, and Scoring of the T.O.V.A.s**

Topics include: The development of the T.O.V.A. and T.O.V.A.-A; test constructs, structure, and norming; administration of the test; scoring procedures. Clinical observations, interpretation rules, interpreting the profile and subtests use of the School and Home Intervention Reports.

2:00 - 3:30 **Interpreting T.O.V.A.s in the Diagnosis and Therapy of Children and Adults**

Topics include: Presentation of teaching protocols illustrating diagnostic uses, establishing dosage, and monitoring medication over time.

3:30 - 3:45 **Break**

3:45 - 4:45 **Interpreting T.O.V.A.s in the Therapy of Children and Adults Continued**

4:45 - 5:00 **Evaluation**

## Continuing Education

6.5 Hours of Continuing Education is available for Licensed Psychologists

The TOVA Company is approved by the American Psychological Association to sponsor continuing education for psychologists.

The TOVA Company maintains responsibility for this program and its content.

## Faculty

Workshop Faculty could include:

**Lawrence M. Greenberg, M.D.**, Professor Emeritus, Department of Psychiatry, University of Minnesota; Author of the T.O.V.A., Medical Director of the T.O.V.A. Education and Research Foundation

**Steve Hughes, Ph.D., L.P.**, Assistant Professor Pediatrics and Neurology, Division of Pediatric Clinical Neurosciences, University of Minnesota Medical School; Director of Education and Research for The TOVA Company

**Christopher Holder, M.A., L.M.H.C.**

**Carol Kindschi, M.S.N., R.N.**

## Workshop Objectives

- Participants will learn DSM IV criteria for ADHD and limitations.
- Participants will learn about diagnostic procedures for attention problems.
- Participants will learn about the different treatment modalities for attention problems.
- Participants will learn how to use the T.O.V.A. in the diagnosis of attention problems.
- Participants will learn how to use the T.O.V.A. to monitor medications after treatments of attention problems.
- Participants will learn how to interpret the T.O.V.A. results.

## Registration / Cancellation

**-\$149 per person**

**-Group and Student discounts are available**

If a registrant cancels 7 days or more prior to the workshop, a refund less \$25.00 processing fee per registrant will be issued.

No refunds if registrant cancels less than 7 days prior to workshop.

If The TOVA Company cancels or re-schedules the workshop, a full refund will be issued.

## Questions?

If you have any questions, please contact us at  
800-729-2886 or 562-594-7700.

Email us at:  
info@thetovacompany.com



# THE TOVA COMPANY WORKSHOP REGISTRATION

MAIL OR FAX REGISTRATION AND PAYMENT TO:

THE TOVA COMPANY  
3321 CERRITOS AVE  
LOS ALAMITOS, CA 90720  
FAX: 1-800-452-6919 OR 1-562-594-7770

WHO WILL BE ATTENDING?

- 1. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_
- 2. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_
- 3. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_
- 4. NAME : \_\_\_\_\_ DEGREE: \_\_\_\_\_ LICENSE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_ STUDENT: YES \_\_\_ No \_\_\_

### T.O.V.A. INFORMATION

T.O.V.A. Serial # \_\_\_\_\_ or Customer # \_\_\_\_\_

### WHICH WORKSHOP WILL YOU ATTEND?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Cost: \$149 per attendee. Student discount (with valid student ID) \_\_\_\_\_. Group discount : \_\_\_\_\_.

### BILLING INFORMATION

NAME: \_\_\_\_\_

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CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL(S) \_\_\_\_\_

### METHOD OF PAYMENT

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