

# SOCOG TRAINING SCHEDULE – 2025

## Medication Administration Refresher

9 am - 11 am

[March 26](#)

[July 30](#)

[November 26](#)

*Medication Administration Refresher* \$ 40.00

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## Annual Provider Training

11 am - 5:30 pm

[July 30](#)

[November 26](#)

*Annual Provider Training* \$100.00

*Annual Provider w/Med Admin Refresher* \$110.00

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## Medication Administration Training (2-day, initial training)

9 am - 5:30 pm

[April 8-9](#)

[August 5-6](#)

[November 4-5](#)

Cost: \$140

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## First Aid/CPR

9 am - 2 pm

[February 14](#)

[May 9](#)

[August 8](#)

[November 14](#)

Cost: \$65

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## Nonviolent Crisis Intervention<sup>®</sup>

9 am - 5 pm

[February 24](#)

[April 28](#)

[July 21](#)

(8 hours in-class, 4 hours online)

Due to a grant for this training, some providers in our region can receive this training for free. Call 740-775-5030 for information.

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<b>G-Tube Training Refresher</b> (1 hour)	<a href="#">Scheduled as needed</a>	Cost: \$30
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<b>Insulin Injection Refresher</b> (1 hour)	<a href="#">Scheduled as needed</a>	Cost: \$30
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<b>G-Tube Training</b> (2 hours)	<a href="#">Scheduled as needed</a>	Cost: \$60
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<b>Insulin Injection</b> (2 hours)	<a href="#">Scheduled as needed</a>	Cost: \$60
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# SOCOG TRAINING REGISTRATION

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

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

County of employment: \_\_\_\_\_

- ☐ New Provider
- ☐ Current Provider working on license renewal
- ☐ License Expired, seeking renewal
- ☐ I would like to speak to Provider Compliance Specialist as I have questions about my certification requirements.

Method of payment:

- ☐ **Check made out to SOCOG**  
Mail with this registration form to SOCOG, PO BOX 456, Chillicothe OH 45601
- ☐ **Drop off cash or check to SOCOG**  
167 W Main Street, Chillicothe OH 45601
- ☐ **Pay online at [www.socog.org](http://www.socog.org).** Form is not required with online registration.  
Information will be collected online.

*\*Medication Administration form is required for everyone taking the Medication Administration Refresher or 2-Day Medication Administration Course. This form is required by the State of Ohio and must be completed before you will be registered to the course. The form can be returned with this registration packet or emailed to [providersupport@socog.org](mailto:providersupport@socog.org).*