

## The Bridge Training Institute - 2018 – 2019 Mail-In Registration

**Cost:** \$179 per training, includes 6 CEUs - Purchase any combination of 3 trainings and receive \$50 off the total cost.

Please indicate your workshop preferences:

### The Clinical Experts Series

- |   |                                   |                             |
|---|-----------------------------------|-----------------------------|
| <input type="checkbox"/> September 28, 2018 | Non-Suicidal Self-Injury          | Barrent Walsh, Ph.D.        |
| <input type="checkbox"/> October 5, 2018    | Gender Identity- Part One         | Sidney Trantham, Ph.D.      |
| <input type="checkbox"/> November 2, 2018   | Gender Identity- Part One         | Sidney Trantham, Ph.D.      |
| <input type="checkbox"/> December 7, 2018   | Crossing the Bridge to Suicide    | Barrent Walsh, Ph.D.        |
| <input type="checkbox"/> January 25, 2019   | The Relationship Checkup          | J Cordova, PhD, T Grey, PhD |
| <input type="checkbox"/> February 15, 2019  | No Such Thing as a Bad Kid        | Charles Appelstein, MSW     |
| <input type="checkbox"/> March 1, 2019      | Psychological First Aid           | L Berkowitz, J McCauley     |
| <input type="checkbox"/> March 29, 2019     | Can We Teach These Kids to Dance  | Kevin Creeden. LMHC         |
| <input type="checkbox"/> April 5, 2019      | Anxiety & School Avoidance        | Anne Lutz, MD               |
| <input type="checkbox"/> May 10, 2019       | Mindfulness with Children & Teens | Christopher Willard, Psy.D. |

### The Cognitive Behavior Therapy Series – With Stefanie Gregware, LMHC & Andrea Wolloff, LMHC

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> January 18, 2019 | CBT- Theory & Treatment Skills |
| <input type="checkbox"/> March 15, 2019   | CBT- Depression                |
| <input type="checkbox"/> May 3, 2019      | CBT- Anxiety                   |
| <input type="checkbox"/> June 14, 2019    | CBT- Psychosis                 |

### The Dialectical Behavior Therapy Skills Training Track – With Jennifer Eaton, LMHC & Jamelle Greene, PhD

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> November 9, 2018  | DBT Skills Part 1 |
| <input type="checkbox"/> December 14, 2018 | DBT Skills Part 2 |
| <input type="checkbox"/> January 11, 2019  | DBT Skills Part 3 |
| <input type="checkbox"/> February 8, 2019  | DBT Skills Part 4 |

### The Dialectical Behavior Therapy Individual Therapy Track

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> March 8, 2019  | Individual Therapy Part 1 |
| <input type="checkbox"/> April 12, 2019 | Individual Therapy Part 2 |
| <input type="checkbox"/> May 17, 2019   | Individual Therapy Part 3 |
| <input type="checkbox"/> June 7, 2019   | Individual Therapy Part 4 |

### Please indicate the type of continuing education credit requested:

- |  |                                     |                               |
|--|-------------------------------------|-------------------------------|
| <input type="checkbox"/> American Psychological Association    | <input type="checkbox"/> MA – NASW  | <input type="checkbox"/> LADC |
| <input type="checkbox"/> MA - Licensed Mental Health Counselor | <input type="checkbox"/> MA/RI LMFT |                               |

**Registrant Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Pay by Check:** Mail this form and your check payable to The Bridge Training Institute, 4 Mann Street, Worcester, MA 01602

**Pay by Purchase Order:** Fax (508-755-2191) or mail your purchase order with this form to: The Bridge Training Institute, 4 Mann Street, Worcester, MA 01602 - **MA Vendor Code:** VC6000166455 **Federal ID #:** 04-2701581

### Pay by Credit Card:

Please charge my:  VISA  MasterCard  American Express  Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Signature: \_\_\_\_\_