

The Bridge Training Institute - 2020 – 2021 Mail-In Registration

Cost: \$150 per virtual training, includes 6 CEUs - Purchase 3 or more trainings and receive \$50. Please indicate your workshop preferences:

The Clinical Experts Series

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> October 09, 2020 | Motivational Interviewing Part One | Suzy Langevin, LICSW,LADCI |
| <input type="checkbox"/> November 06, 2020 | Motivational Interviewing Part Two | Suzy Langevin, LICSW,LADCI |
| <input type="checkbox"/> December 4, 2020 | Self-Destructive Behavior Part One | Barent Walsh, Ph.D. |
| <input type="checkbox"/> January 29, 2021 | Self-Destructive Behavior Part Two | Barent Walsh, Ph.D. |
| <input type="checkbox"/> February 5, 2021 | School Mental Health Part One | Fran Kuehn, LICSW |
| <input type="checkbox"/> February 12, 2021 | Motivational Interviewing Supervision Strategies | Suzy Langevin, LICSW,LADCI |
| <input type="checkbox"/> March 5, 2021 | School Mental Health Part Two | Sharon Saline, Psy.D. |
| <input type="checkbox"/> March 12, 2021 | CBT Supervision Strategies | Stefanie Gregware, LMHC |
| <input type="checkbox"/> March 19, 2021 | School Mental Health Part Three | Fran Kuehn, LICSW |
| <input type="checkbox"/> April 2, 2021 | Brave New Worlds: Professional Ethics | Robert Kinscherff, Ph.D., J.D. |
| <input type="checkbox"/> April 16, 2021 | Supervising Peer Support Professionals | TBA |
| <input type="checkbox"/> April 30, 2021 | Recovery Through Community Membership | Dennis Rice & Michael Seibold |
| <input type="checkbox"/> May 7, 2021 | School Mental Health Part Four | Fran Kuehn, LICSW |
| <input type="checkbox"/> May 14, 2021 | Cultural Humility & Supervision | Jenise Katalina, MSW,LCSW |

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

- | | |
|--|--------------------------------|
| <input type="checkbox"/> January 15, 2021 | CBT- Theory & Treatment Skills |
| <input type="checkbox"/> February 26, 2021 | CBT- Depression |
| <input type="checkbox"/> April 09, 2021 | CBT- Anxiety |
| <input type="checkbox"/> May 21, 2021 | CBT- Psychosis |

The Dialectical Behavior Therapy Skills Training Track – With Jennifer Eaton, LMHC

- | | |
|--|-------------------|
| <input type="checkbox"/> October 23, 2020 | DBT Skills Part 1 |
| <input type="checkbox"/> November 13, 2020 | DBT Skills Part 2 |
| <input type="checkbox"/> December 11, 2020 | DBT Skills Part 3 |
| <input type="checkbox"/> January 22, 2021 | DBT Skills Part 4 |

The Dialectical Behavior Therapy Individual Therapy Track – With Elizabeth Plante, LMHC *NEW for 2021: This training will be conducted ONLINE in 6 half-day sessions from 1-5pm. Each session is \$100 each or purchase the 6 training package for \$500.

- | | |
|--|---------------------------|
| <input type="checkbox"/> February 25, 2021 | Individual Therapy Part 1 |
| <input type="checkbox"/> March 11, 2021 | Individual Therapy Part 2 |
| <input type="checkbox"/> March 25, 2021 | Individual Therapy Part 3 |
| <input type="checkbox"/> April 8, 2021 | Individual Therapy Part 4 |
| <input type="checkbox"/> April 22, 2021 | Individual Therapy Part 5 |
| <input type="checkbox"/> May 6, 2021 | Individual Therapy Part 6 |

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 - 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: _____