



Course Registration
safeTALK - Suicide Awareness for Everyone
January 23, 2020 - 9:30 - 12:30pm
Sign in 15 minutes prior to session start
Location: MHA Westchester
580 White Plains Road, 5th Floor Tarrytown, NY 10591

3 Contact Hours for New York State LMSWs, LCSWs and LMHCs

Name: _____

Affiliation/Discipline: _____
eg. LMSW, LCSW, LMHC (if applicable)

NYS SW ID (if applicable) _____

Address: _____

City / State / Zip: _____

Phone: _____

Cell Phone: (Required) _____

E-Mail: _____

What is the best way to reach you, including on the days of training? (phone, e-mail, or text)

If you have experienced a recent loss to suicide (typically within the past 6 months) please consider whether this is the right time for you to attend this training. As safeTALK is repeated throughout the year, there will be future opportunities to attend. safeTALK is open to community members over the age of 18.

Course Fee: \$ 10. New York State Office of Mental Health provides support for this training.

NYS Continuing Education

New York State Continuing Education contact hours are provided by the Suicide Prevention Center of New York. Following completion of the training, participants will be required to complete an online evaluation in order to obtain a Certificate of Attendance. Minimal fees may apply.

Suicide Prevention Center of New York (SPCNY), SW CPE is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #0384.

The Suicide Prevention Center of New York (SPCNY), is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors #MHC-0090.

Please indicate method of payment:

Check Enclosed Check #: _____ Amount: _____

Credit Card Charge:

Name (as appears on card): _____

Credit Card Type (circle): American Express Visa MasterCard

Credit Card Account Number: _____

Security Code (3 or 4 digits): _____

Credit Card Expiration Date (MM/DD/YY format): ____/____/____

Charge Amount: _____

Authorized Signature: _____ Date: _____

Please e-mail registration form to RosenowC@mhawestchester.org

or fax to: (914) 347-8827, attention Chuck Rosenow

Please check here if you would like a receipt