



*Course Registration*  
**safeTALK - Suicide Awareness for Everyone**  
May 16, 2019 - 9:30 - 12:30pm  
*Sign in 15 minutes prior to session start*  
*Location: MHA Westchester*  
*580 White Plains Road, 5<sup>th</sup> Floor Tarrytown, NY 10591*

**3 Contact Hours for New York State**  
***Licensed Master Social Workers and Licensed Clinical Social Workers available***

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](mailto:RosenowC@mhawestchester.org)**

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

**Please check here if you would like a receipt**