

CLINICIAN
& SCHOOL
TRAINING

~Workshop Request Form~



EMPOWER
CENTERS OF EXCELLENCE IN
FAMILY BEHAVIORAL HEALTH

Options for Completion & Submission of Training Request Form:

Electronic or Email Options:

- You may complete and sign this document electronically using the Adobe Acrobat program. You may then email it to Trainings@EMPOWERCenters.org
- You may print, complete, sign and then scan it. You may then email it to Trainings@EMPOWERCenters.org

Hard Copy or Paper Options:

- You may print, complete, sign and fax it to 720-778-4078, Attention: Trainings
- You may print, complete, sign and mail it to **EMPOWER** Centers, Attention: Trainings, 6530 S. Yosemite St., Suite #210, Greenwood Village, CO 80111
- Call if questions, 720-778-4077



PROVIDER GROUP/ORGANIZATION or SCHOOL INFORMATION:

EMPOWER Centers is committed to addressing the growing chasm between the demand and availability of specialized, child & adolescent, providers and programs through our Provider & School Training Programs. Our aim is to provide trainings that are cost effective, replicable, and evidence-based for treating youth with mental illness and their families. Please provide us with the following information so that we are able to tailor our workshop to the needs and preferences of your provider group, organization or school.

Applicant Name/Title: _____ Date of Application: _____

Organization or School Name: _____

Organization or School Address/Contact Information: _____

PLEASE CHECK THE PROVIDER or SCHOOL TRAINING WORKSHOP/S REQUESTED:

School-Based Interventions Transforming Teen Behavior Transforming Child Behavior
 CBT for Children with Anxiety CBT for Teens with Anxiety (please see menu of options below).

PLEASE SUBMIT THE FOLLOWING TOGETHER WITH THIS REQUEST APPLICATION:

1. Applicant's CV or Resume
2. A description of your provider group and/or organization or school
3. Names, credentials and roles of those providers or school staff who are intended to attend the workshop
4. Location of your provider group, organization, or school and demographics of the population you serve
5. Explain how your provider group, organization or school will utilize the Training Workshop/s selected

MENU OF OPTIONS FOR PROVIDER & SCHOOL TRAINING WORKSHOPS:

Option One:

Transforming *Child* Behavior: Training Parents & Kids Together: *Demonstration Workshop of Evidence-Based, Manualized, Group, Parent-Child Psychosocial Skills Training Program*
Faculty Trainers: *Mary Nord Cook, MD & Mindy Stephens, RN-BC, CLNC*
2 Full Days (Fri, Sat)

Option Two:

Transforming *Teen* Behavior: Parent-Teen Protocols for Psychosocial Skills Training: *Demonstration Workshop of Evidence-Based, Manualized, Group, Parent-Teen Psychosocial Skills Training Program*
Faculty Trainers: *Mary Nord Cook, MD & Betsey Bucca, LCSW*
2 Full Days (Fri, Sat)



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Option Three:

Best Practice Cognitive Behavioral Therapy (CBT) for Children (6-12 yo) with Anxiety & Their Parents:
Demonstration Workshop of Evidence-Based, Manualized, Group, Parent-Child CBT Program for Anxiety
Faculty Trainers: *Jaimelyn Roets, LCSW & Kym Spring-Thompson, PsyD*
2 Full Days (Fri, Sat)

Option Four:

Best Practice Cognitive Behavioral Therapy (CBT) for Teens (13-18 yo) with Anxiety & Their Parents:
Demonstration Workshop of Evidence-Based, Manualized, Group, Parent-Teen CBT Program for Anxiety
Faculty Trainers: *Jaimelyn Roets, LCSW & Kym Spring-Thompson, PsyD*
2 Full Days (Fri, Sat)

Option Five:

School Based Inventions for Kids with Emotional & Behavioral Problems
Faculty Trainers: *Mary Nord Cook, MD*
1 Full Day (Fri)



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