



## Virtual Training Registration Form

**No CEU's are provided at this time**

**Three Day Basic Training – Trauma Focused Cognitive Behavioral Therapy**

**Dates: July 26- to 28, 2022 Tuesday – Thursday**

**Time: 9:00 am to 1:30 pm Pacific Time/11amCentral/noon Eastern**

**Please check your local time**

### VIRTUAL TRAINING REQUIREMENTS

Each training participant is required to have a web camera, microphone and speakers (i.e. on laptop, computer or cell phone) in order to participate in the TF-CBT training via web-platform. The trainer is required to ensure that each attendee participates in at least one of these interactive activities or discussions for at least two training segments. Participants must participate in all of the training segments in order to receive credit for having attended the training. In order to have a sign-in sheet IT person will take random screen shots during training. You will need to have a strong and fast Wi-Fi signal (for stability) as Zoom requires a min of 1-3 mbps for both upload and download speeds. IT person will be on Zoom 10 minutes earlier to go over any issues that may happen, or to check make sure your equipment is working correctly (i.e. microphone, camera and speakers).

### REQUIREMENTS FOR 3-DAY TF-CBT TRAINING

Completion of 10 hour online TF-CBT training prior to training to get familiar with the basics. There is a \$35.00 fee to take online training. Registration to this prerequisite can be done on following link:

<http://tfcbt2.musc.edu>

### CANCELLATION POLICY

If you sign up for a training and cannot attend, you must inform us at least 15 days or more from the training date to receive 50% of the registration fee back to you. Fee will be returned in a form of a check. No cash refunds will be provided. No refunds will be given if cancelled within 14 days from day of training. You must attend all days of the three-day training as scheduled, in order to receive credit and certificate of attendance. No credit and/or refunds will be given to those who attend one day only. If you attend one day, you lose your fee and credit. No exceptions.

### CONFIRMATION NOTICES AND CERTIFICATE OF COMPLETION

We will confirm your registration by email once payment is received and with a follow up email about a week before the training. Please call us if you do not receive a confirmation. Successful completion includes full attendance of all days. No partial credit will be given. Certificates of completion are provided within a week after training and verification of payment. If your agency registered you, certificates will be emailed to the person responsible for registering the participants. If you register as an individual, the certificate will be given to you at the end of the training.

REQUEST FOR DOCUMENTS NEEDED TO VERIFY TRAINING

The following documents that we can provide upon registration and completion of training are: sign in sheets, receipts for payment, and certificates of attendance. Please note that once these documents have been sent to you, a reprint of certificates, receipts, and/or sign in sheets would be available for \$50.00 per copy requested.

PAYMENT Due Date

Payment must be received a week after registration to hold seat due to limited capacity. You may request to be invoiced, pay through PayPal, or Venmo. Agenda will be provided once registration is confirmed.

Training Location: Zoom Platform

Trainer: Lisette Rivas, LMFT

Phone: (818) 269-6325 [www.lisetterivas.com](http://www.lisetterivas.com) [info@lisetterivas.com](mailto:info@lisetterivas.com)

*You can mail or e-mail this registration from.* Please select what you are including in your registration.

Please mail checks to: PO Box 250805, Glendale, CA 91225

<b>Attendee Information</b>	<b>Registration Fees</b>
Name (1):	<input type="radio"/> \$325.00/per person
Name (2):	
Name (3):	<b>Consultation Calls</b>
Name (4):	<input type="radio"/> \$855.00 for 14 calls and audio review (needs for proficiency certificate, i.e. Los Angeles DMH)
Name (5):	<input type="radio"/> \$495.00 for 12 calls required for national (6 months)
Company:	<b>limited space, register early</b>
Address:	<b>TOTAL DUE: \$</b>
State:	<b>NO ONSITE REGISTRATION</b>
Zip/Postal Code:	
	<b>Payment – Supervisor Will Call with Credit Card Information</b>
Main Contact:	Check payable to: Lisette Rivas
Email:	<i>Credit Card-Please let us know the type of card</i>
Phone:	
	Card Number:
	Security Code:
<b>*If you require signing sheets for your agency</b>	Expiration Date:
<b>Indicate by putting an "X" here:</b>	Cardholder Name: