

ANNOUNCEMENT

CISM
PERSPECTIVES
"Teaching Balance..."



Fall/Winter 2007
CISM Training Programs

COURSE DESCRIPTIONS

Basic CISM Seminar

This class (12 hour) is the minimum required training to become an active member of any CISM response team or peer support team.

Dates: **September 28th**, 6 PM to 10 PM. and **September 29**, 8:30 AM to 5 PM

Location: **Highland Hospital, Collins Auditorium 1000 South Ave., Rochester NY** Sponsored by the **Highland Hospital Code Team**

Cost: \$165 per student. **Certificates of Completion and an elegant CISM pin will be provided.**

Advanced CISM Seminar

This course (12 hour) requires the student to successfully complete the BASIC CISM class prior to enrollment. Topics to include: In-depth look at Human Stress reactions, PTSD signs and symptoms, CISM team management, preserving the CISM responder, trouble shooting CISM interventions, new research results, CISM, Disasters and Terrorism responses. Sponsored by Cayuga County CISM Team

Dates: **October 26th**, 6 PM to 10 PM and **October 27th** from 8:30 AM to 5 PM

Location: **Owasco Fire Dept. Station 1 7174 Owasco Rd. , Auburn, NY**

Cost: \$175 per student. **Certificates of completion will be provided.**

These seminars are ideal for:

- **Emergency Responders (EMS, Fire, Law Enforcement)**
- **Clergy**
- **Fire Chaplains**
- **Emergency Dispatchers**
- **ED staff, Nurses**
- **EAP**
- **Mental Health**
- **Crisis Response Teams**
- **Campus Security Teams**

**Excellent opportunity
for NYS EMT
Recertification CME's!**

Each class requires full payment and pre-registration. A registration form is attached to this course announcement for your convenience. For further details, maps/directions or any other questions, please contact: **CISM Perspectives, Inc. at 585-739-9011, or at cism79@frontiernet.net**

Thank you and we truly look forward to meeting you at one or both of these powerful and educational seminars!

Seminar Registration Form

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Spring 2007
CISM Training Programs

Name:	Email Address:
Department and Position:	
Mailing Address:	
Daytime Telephone:	Evening Telephone:

(PLEASE! Print clearly)

Please register me for: (please check one):

- CISM Basic - \$165/person (9/28, 9/29, 2007), Rochester, NY
- CISM Advanced - \$175/person (10/26, 10/27, 2007), Auburn NY, NY
- Both Basic and Advanced CISM (above dates and locations) - \$320, savings of \$20

Paid by:

- Personal check, number: _____
- Agency check, number: _____
- Agency Purchase Order Number: _____

Please note:

- All classes payable by check or official agency purchase order made out to: **CISM Perspectives, Inc.**
- If using an agency purchase order, **CISM Perspectives** must received signed purchase order prior to student registration confirmation can be finalized
- Regrettably, class fees are non-refundable, however, student substitutions are welcomed, please advise **CISM Perspectives** of such changes prior to class date
- *Registration confirmations are sent upon receipt of payment and completed registration form*

Please send completed registration form and payment to:

CISM Perspectives, Inc.
12 Sudbury Drive, Rochester, NY 14624
Office: 585-739-9011 Email: cism79@frontiernet.net
www.cismperspectives.com

Please call with any questions, we look forward to meeting you and appreciate your business!