

ANNOUNCEMENT

CISM
PERSPECTIVES
"Teaching Balance..."



Fall 2017 Critical Incident Stress Management Training Program

COURSE DESCRIPTION



Basic CISM Seminar

This class (12 hours) is the minimum required training to become an active member of any Critical Incident Stress Management (CISM) Team or Peer Support Team. Topics include: Defining and understanding critical incidents Critical Incident Stress, Emergency First Responder accumulative stress, Emergency Responder PTSD, Mind-Body effects from critical incidents, effective triage and proper application of CISM interventions (1:1 Interventions, Defusing, Debriefings, etc.) appropriate interfacing and working with professional mental health resources, teaching/role modeling CISM responder wellness/balance. This class is multi-media and a heavy emphasis on practical skill building.

Dates: Tuesday September 19th, 2017, 8AM-2PM. and Wednesday September 20th, 2017, 8AM-2PM

Location: Corning City School District, 165 Charles Street, Conference Room A/B, Painted Post, NY 14870 (Lunch to be provided both days)

Cost: \$175 per seat; Certificates of Completion and an elegant CISM pin will be provided.

This seminar is ideal for:

- All Emergency Responders (EMS, Fire, Law Enforcement)
- Fire/EMS/L/E Chaplains
- Fire Safety Officers
- Public Safety Dispatchers
- School Crisis Response Teams
- School Counselors
- EAP Providers
- Mental Health Professionals

- ✓ All training is presented in a multi-media format including video, lecture and significant practical skill sessions
- ✓ **CISM Perspectives** is a member of the ICISF and a Fellow of the American Academy of Experts in Traumatic Stress and Advisor to the National Center for Crisis Management
- ✓ **CISM Perspectives** brings to all instruction 25+ years in EMS, Fire, Law Enforcement and Educational CISM programs, training and consulting

Thank you and we truly look forward to meeting you at this powerful and educational seminar!

Seminar Registration Form

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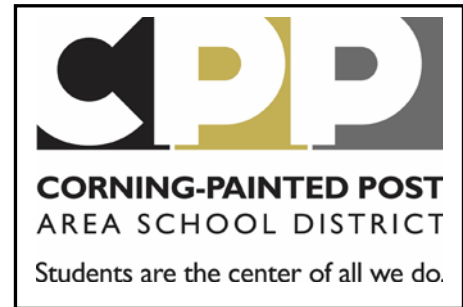
Fall 2017
CISM Training Programs

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

(PLEASE! Print clearly)

Please register me for: (please check one):

- CISM Basic - \$175/person (9/19, 9/20, 2017)
- CISM Advanced \$185/person TBD



Paid by:

- Personal check, number: _____
- Agency check, number: _____

Please note:

- All classes payable by check or official agency purchase order made out to: **CISM Perspectives, Inc.**
- There will be a \$50 returned check fee for all checks returned 'insufficient funds'
- 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 and payment received*

Please send completed registration forms 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!