

COMPASSION FATIGUE? COMPONENTS FOR ENHANCING CLINICIAN EXPERIENCE (CE-CERT)

A MODEL TO ADDRESS
IMPACTS OF
SECONDARY TRAUMA
FOR HELPERS

Tulsa Tech is partnering with the Infant, Toddler & Early Childhood Community Group to offer a new training opportunity aimed at combatting compassion fatigue and secondary trauma for direct service providers. This model is called Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT). It was developed by National Child Traumatic Stress Network (NCTSN) members, Dr. Brian Miller and Dr. Ginny Sprang. Presented by CE-CERT trainer Roy Van Tassell, LPC.



COURSE INFORMATION:

Compassion Fatigue?, FACS-4111

Tuesday, November 14, 2017

8:00 AM–12:00 PM **or** 1:00 PM–5:00 PM

(choose 1 session to attend)

Compassion Fatigue? Follow-Up, FACS-4112

Wednesday, January 24, 2018

8:30 AM–11:30 AM

LOCATION:

Tulsa Tech - Health Sciences Center
at Lemley Memorial Campus
3420 S. Memorial Dr. Tulsa, OK

REGISTRATION:

This event is free, but you must register with Tulsa Tech by calling (918) 828-5000 or by completing the attached enrollment form and sending it to info@tulsaTech.edu.

ADDITIONAL INFORMATION:

Contact Teresa Berg at teresa.berg@tulsaTech.edu

CEU'S AVAILABLE

CECPD

CASE MANAGEMENT

LPC/LMFT

LCSW





ADULT CAREER DEVELOPMENT ENROLLMENT FORM

Name: _____
First MI Last

SS# (Last 5 digits required): _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Bus Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Date of Birth: _____ E-Mail: _____
Mo Day Year

RACE:

This information is used for statistical reporting purposes only.

- (AN) American/Alaska Native
- (AS) Asian
- (BL) Black or African American
- (HP) Hawaiian Pacific Islander
- (WH) White

ETHNIC:

- (HIS) Hispanic/Latino
- (NHS) Non-Hispanic/Latino

MILITARY STATUS:
<input type="checkbox"/> None
<input type="checkbox"/> Active
<input type="checkbox"/> Reserve
<input type="checkbox"/> Veteran

EDUCATIONAL LEVEL:

- Less than a High School Diploma
- High School Graduate/GED
- Some College
- Technical Diploma/Technology Education
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other _____

Course Title	Term	Course#	Sec#	Campus	Date	Time	Day(s)	Tuition	Fees	√
Compassion Fatigue? * Morning Session	Fall	FACS-4111	S160	HSC	11/14/17	8A-12P	TH	\$0	\$0	
Compassion Fatigue? * Afternoon Session	Fall	FACS-4111	S161	HSC	11/14/17	1- 5P	TH	\$0	\$0	
Compassion Fatigue? Follow-up	Spring	FACS-4112	S160	HSC	1/24/18	8:30-11:30A	T	\$0	\$0	

***Both of the Compassion Fatigue classesss will be the same. Only choose one session.**
Also mark if you plan to attend the Compassion Fatigues Follow up session.

Signature _____ Date _____



FERPA STUDENT RECORDS RELEASE FORM

It is the policy of **Tulsa Technology Center (Tulsa Tech)**, in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) to withhold personally identifiable information contained in our students' educational records, unless the student has consented to disclosure or FERPA allows disclosure. A description of these rights and the procedure for exercising these rights can be viewed on the District's website, tulsatech.edu and is available in the office of the Campus Director.

I, _____, authorize Tulsa Tech to release the following educational records or information:

1. Check all record types that may be disclosed:

- All financial records
- All academic records
- All enrollment records
- All disciplinary records

2. Identify the individual or organization to whom information may be released and the purpose of the disclosure:

a. Name: Family & Children's Services

Address and Telephone:

11740 E. 21st, Tulsa OK, 74129 918-437-9495

Purpose: Training attendance and verification

b. Name: Indian Health Care Authority

Address and Telephone: 4345 M. Lincoln Blvd., Oklahoma City, OK 743105

405-522-7300

Purpose: Training attendance and verification

My signature indicates my consent to release the above information to the individual(s)/organization(s) designated above. I understand that this release remains in effect until a signed revocation is delivered to the administrative office where the release is on file. I also understand that if I am a dependent for tax purposes, Tulsa Tech can disclose such information to parents and legal guardians without my consent.

Signature: _____ Date: _____

Received by: _____ Date: _____

Campus: _____