CPI Nonviolent Crisis Intervention Training – Refresher

WHAT: The Nonviolent Crisis Intervention® refresher training focuses on a review of the proactive and preventative Crisis Development Model, the Verbal Escalation Continuum, and the COPING Model. The Nonviolent Crisis Intervention® refresher training will provide opportunities for participants to practice and reinforce both verbal de-escalation strategies as well as physical dis-engagements and holds. Emphasis is placed on prevention and only utilizing physical interventions as a last resort. Participants who have attended the 2 day training and have received their initial certification are eligible to take this course within the time frame as indicated on their blue certification card.

**This is for participants who have been previously certified.

***MAXIMUM PARTICIPANT COUNT OF 16.***

WHERE: Erie 1 BOCES Education Campus, 355 Harlem Road, West Seneca, NY 14224, Room A1

WHEN: Tuesday, June 4, 2019

TIME: 9:00 am – 3:30 pm

FACILITATOR: Stephanie Baxter

COST: $160/per participant.

For Charters: $176/per participant. This cost includes the 10% Charter processing fee.

CTLE: CTLE Hours: 6  ELL Hours: 0  Pedagogy Hours: Yes No  Content Hours: Yes No

Follow your school district’s procedures to register for workshops. For further information, please contact the facilitator: Ann Adams at (716) 821-7577. For registration information or cancellation, please contact Elvie Mertz at (716) 821-7221; FAX (716) 821-7498; or Email: emertz@e1b.org. Cancellation Policy: Cancellations are required at least 48 business hours prior to the start of the workshop to allow us to fill the class from our waiting list. Failure to do so will result in your district being charged for the class. All no-shows will be billed for the full amount of the workshop.

WHEN YOU ARE OFFICIALLY REGISTERED, AN AUTOMATIC EMAIL CONFIRMATION # WILL BE SENT.

Please make sure your email is correct! We will only contact you for a wait list, event postponement, or event cancellation.

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Registration Form #IRT 673: Please Print to complete this registration portion and return completed flyer to:

Elvie Mertz, 355 Harlem Rd., W. Seneca, NY 14224  emertz@e1b.org  FAX – 716-821-7498

Participant Type:  ○ Administrator  ○ Teacher  ○ Paraprofessional  ○ Other: __________________________

Sub Reimbursement:  Full Day:  ○ YES  ○ NO

NAME: ___________________________________________  POSITION/GRADE LEVEL: ____________

EMAIL ADDRESS: ___________________________________________

WORK PHONE: (_____) _________X______ HOME PHONE: (_____) ____________ (only needed for event postponement)

DISTRICT: ___________________________  SCHOOL BLDG.: ___________________________

NEED CTLE CERTIFICATE?  __ NO or __ YES. IF YES, PROVIDE REQUIRED MONTH & DAY OF DOB: __/____

*OPTIONAL CTLE INFO FOR CERTIFICATE: Year of DOB: _______ Last 4 Digits of SSN: _______

REQUIRED:  S.D. ADMINISTRATOR’S SIGNATURE: ________________________ DATE: ___________

*****ALL BILLING WILL GO THROUGH BOCES BILLING UNLESS NOTIFIED OTHERWISE*****