

Continuing Education Opportunity

**Ethical Guidelines for Trauma Therapists:
Helping Without Hurting
December 2, 2009**

9 a.m. - 4 p.m. (One hour for lunch on your own)

**SCC Continuing Education Center • 301 S. 68th St. Place • Lincoln, NE • Auditorium
\$100 • 5.5 Contact Hours Awarded**

A workshop that focuses on identification and prevention of ethical and boundary violations. This workshop will be of particular interest to professionals working with survivors of traumatic experience.

Participants will:

- *Recognize the ethical standards of practice of particular relevance to treating trauma disorders;*
- *Be able to identify most common ethical lapses in work with trauma clients;*
- *Recognize ways in which counselor denial and rationalization may impact ethical practice;*
- *Recognize and be able to initiate an ethical decision-making model.*

Who should attend

- **Psychologists** • **LMHPs** • **Mental Health Nurses**

About the Presenter: **Sheralyn Cox, MSW, Ph.D.**, has maintained a private psychotherapy practice since 1974 and has obtained specialized post-graduate training in treatment of dissociative and other trauma disorders. She is a member of the International Society for the Study of Trauma and Dissociation, the International Society for Traumatic Stress Studies, the International Society for the Study of Personality Disorders, and the Society for Clinical and Experimental Hypnosis. She is certified in clinical hypnosis by the American Society of Clinical Hypnosis, for which she also is an approved teaching consultant.

CONTINUING EDUCATION INFORMATION

- ✓ Psychotherapy Associates is approved by the American Psychological Association to sponsor continuing education for psychologists. Psychotherapy Associates maintains responsibility for the program and its content.
- ✓ This seminar meets criteria of an approved continuing education program and fulfills ethics education requirements for Nebraska Licensed Mental Health Practitioners.
- ✓ Southeast Community College Continuing Education Division is an approved provider of continuing nursing education by the Nebraska Nurses Association, an accredited approver by the American Nurses Credentialing Center Commission on Accreditation.

For more information, please contact **Nancy Holman** at 402-437-2712 • 1-800-828-0072, ext. 2712 • nholman@southeast.edu

REGISTRATION FORM - NON-CREDIT COURSE



Complete this form with payment information and send via FAX or mail to: **SCC-Continuing Education Center
301 S. 68th Street Place, Lincoln, NE 68510
FAX: (402) 437-2703**

Include credit card information or Letter of Authorization for third-party billing. The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to disclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

PLEASE PRINT

2009 QUARTER	
<input type="checkbox"/> SUMMER	<input type="checkbox"/> WINTER
<input checked="" type="checkbox"/> FALL	<input type="checkbox"/> SPRING

Social Security Number		Name: Last		First	Middle Initial	E-mail address	
Mailing Address			City	State	Zip	County #	<input type="checkbox"/> Cell <input type="checkbox"/> Business Phone
Birth Date	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Used for statistical purposes only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Asian/Pacific Island <input type="checkbox"/> Black/African-American, Non-Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____			Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone
				<input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident of Nebraska			

Please choose one:

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Psychologist • HMRS-4022-CEFA Mental Health Practitioner • HMRS-4022-CEFB

Nurse • NURS-3066-CEFA

SIGNATURE _____

Check Cash Mastercard Discover VISA V Code _____

Name as it appears on card: _____

Exp. Date _____ Credit card # _____

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jsoto@southeast.edu.

TOTAL DUE	\$100
FOR OFFICE USE ONLY	
DE _____	ID# _____