

"Creating Opportunities for People"

2010 ADVANCED ABI TRAINING WORKSHOPS

Every quarter a different topic in brain injury is presented through Advanced Trainings to encourage providers to expand their knowledge of the issues impacting individuals with brain injury. The training is "advanced" in that it explores one specific area in brain injury in great detail. The topics are chosen through feedback from providers. The training is **free of charge** and is offered to all existing A.B.I. Waiver Providers who have completed the Basic Training. Certificates will be sent to attendees by mail after completion of the training.

March 17, 2010

"It's Not Just the Patient: Strategies to Help Bring The Whole Family On Board the ABI Waiver Team"

Location: **Connecticut Valley Hospital, Middletown**

Time: **1:30pm - 4:30pm**

Presented by: **Tracey Sondik, Psy.D.**

May 12, 2010

"Brain Injury & Mental Illness"

Location: **Hospital for Special Care Research & Education Center, New Britain**

Time: **1:30pm - 4:30pm**

Presented by: **Billye Simmers**

Director, ABI Community Initiative, DMHAS

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2009 ADVANCED ABI TRAINING WORKSHOPS

(CONTINUED)

September 15, 2010

"Dynamics of Professional Relationships Between Consumers and Staff"

Location: **Connecticut Valley Hospital, Middletown**

Time: **1:30pm - 4:30pm**

Presented by: **Jason Walsh**

Program Director for Dungarvin Connecticut LLC

November 17th, 2010

"Understanding Behavior After Brain Injury: A Neuroanatomy Primer"

Location: **UCONN, Torrington Branch**

Time: **1:30pm - 4:30pm**

Presented by: **Barbara Nadeau, MA OTR/L**
Brain Injury Solutions, LLC

Pre-Registration is requested at least one-week prior to the training. You may register by telephone by calling 860-627-9500 and speaking with the ABI Program Assistant. Registrations are accepted via email also. You are encouraged to attend as many advanced training workshops as you would like and you may register early if you wish. Reminder calls will be made prior to the training date.



FMS-Outreach & Training Services

P.O. Box 479, East Windsor CT 06488-0479
Phone: (860) 627-9500 Toll Free 877-722-8833
Fax (860) 627-0230

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ADVANCED TRAINING REGISTRATION FORM

PLEASE MAKE COPIES OF THIS FORM AND USE FOR FUTURE TRAININGS

Name of Provider: _____

If Agency Employee, Name of Contact Person: _____

Phone #: _____ Fax #: _____

Address: _____ E-mail Address: _____

Please list attendees, the DATE of the training they are signing up for, and the TOPIC of discussion.

Table with 3 columns: NAME, Date, Topic of Discussion. Includes 5 rows for data entry.

Please indicate any special accommodations you may require for the training: _____

Requests for special accommodations MUST be received at least 1 month prior to the actual training date.

Registrations should be submitted at least TWO WEEKS in advance.

** YOU MAY FAX OR MAIL YOUR COMPLETED REGISTRATION FORM. UPON RECEIPT, WE WILL FORWARD CONFIRMATION OF YOUR RESERVED SPOT(S) FOR THE TRAINING ALONG WITH DIRECTIONS TO THE TRAINING LOCATION.

You can fax this registration form to: (860) 627-0230 or send it to: Allied Community Resources, FMS-Outreach & Training Services, PO Box 479, East Windsor, CT 06088-0479