

# APPLICATION FOR INFANT AND CHILD MENTAL HEALTH WORKSHOPS

Brown University Office of Continuing Education & Center for the Study of Children at Risk

## Summer 2009

Directions: Please complete the application and return to the address below, along with a non-refundable application fee of \$25 (make check or money order payable to Brown University with the workshop title on the notation line). NNNS workshop applicants must include a copy of certificate of malpractice insurance.

**Office of Continuing Education  
Infant and Child Mental Health Workshops**  
Brown University, Box T, Providence, RI 02912



Brown University  
Office of Continuing Education  
Box T, 42 Charlesfield St.  
Providence, Rhode Island 02912-9120  
Tel 401-863-7900 Fax 401-863-3916  
Email: [summer@brown.edu](mailto:summer@brown.edu)  
[www.brown.edu/ce](http://www.brown.edu/ce)

### PERSONAL INFORMATION Please print

Name \_\_\_\_\_

Other names that may appear on credentials \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Residence Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### Educational Information-Highest Degree Completed

- Name of College or University \_\_\_\_\_
- City and State \_\_\_\_\_
- Degree & Major \_\_\_\_\_

### Any Professional Licenses and/or Credentials

- Type of License or Credential \_\_\_\_\_
- Issuing State Board or Professional organization \_\_\_\_\_
- Effective/Expiration dates \_\_\_\_\_

**CME and CEU credits are available.** Are you interested in CME/CEU credits?

CME  Yes  No CEU  Yes  No

**Will you require housing during your stay?**  Yes  No

When do you plan to arrive? (date) \_\_\_\_\_

When do you plan to depart? (date) \_\_\_\_\_

→ SEE REVERSE SIDE

Please place an X in the box(es) to indicate which workshop(s) you wish to attend.

Application Due Date: May 8, 2009

- A Relationship-Based Approach to Developmental Support of High Risk Infants and Their Families in the NICU**  
Date: June 1-5, 2009 | Time: 9:00am - 12 noon | Fee: \$800
- NICU Family Psychosocial Mental-Health Program**  
Date: June 1-5, 2009 | Time: 1:00 - 4:00pm | Fee: \$800
- Parent-Child Interaction Therapy (PCIT): Training and Certification**  
Date: June 1-5, 2009 | Time: 9:00am - 4:00pm | Fee: \$3,000

Application Due Date: May 15, 2009

- Fetal Neurobehavioral Assessment: Use in Clinical Populations**  
Date: June 8-12, 2009 | Time: 9:00am - 12 noon | Fee: \$800
- Substance Exposed Infants and Their Families: Evaluation and Treatment**  
Date: June 8-12, 2009 | Time: 1:00 - 4:00pm | Fee: \$800

Application Due Date: May 22, 2009

- NICU Network Neurobehavioral Scale (NNS): Training and Certification**  
Date: June 15-19, 2009 | Time: 9:00am - 4:00pm | Fee: \$1,500

Each student in the NNS workshop will maintain professional malpractice insurance with limits of at least \$1,000,000 per occurrence and at least \$3,000,000 in the annual aggregate. A copy of the certificate of malpractice insurance is required to be presented with the application. The certificate of malpractice insurance must have the name of the company, policy number, address of insurer, and coverage provided.

Application Due Date: May 29, 2009

- Sleep Problems: Assessment, Diagnosis, Treatment**  
Date: June 22-26, 2009 | Time: 9:00am - 12 noon | Fee: \$800
- Colic: Assessment, Diagnosis, and Treatment**  
Date: June 22-26, 2009 | Time: 1:00 - 4:00pm | Fee: \$800
- Behavioral Medicine Approaches to Childhood Obesity**  
Date: June 22-26, 2009 | Time: 1:00 - 4:00pm | Fee: \$800

Application Due Date: June 12, 2009

- Differential Diagnosis of Disorders of Early Childhood**  
Date: July 6-10, 2009 | Time: 9:00 am - 12 noon | Fee: \$800
- Autism Spectrum Disorders: Assessment and Differential Diagnosis**  
Date: July 6-10, 2009 | Time: 1:00 - 4:00pm | Fee: \$800