



Qualified Clinical Supervisor Training

Meets requirements of Florida Board of CSW/MFT/MHC for Supervisor Training

16 CEU Hours

January 20 & 21, 2015 (Tuesday & Wednesday)

Cost: \$350 per participant (includes training materials, lunch and refreshments, and CEU processing)

Location: Aspire Health Partners- Seminole
237 Fernwood Blvd
Fern Park, Florida 32730

Date/time: January 20 8AM to 4:30PM
January 21 8AM to 4:30PM

Topics covered in this course include:

- Models of Supervision
- Designing a successful internship experience
- Understanding the therapeutic relationship
- Adult learning theories and teaching strategies
- Evaluation of practice and performance
- Ethics and legal issues in supervision
- Diversity and pluralism in the counseling process
- Distinctive issues in supervision

Presenters: Julie Emmer, LCSW, LMFT, CAP
Mary Jo McHaney LMFT, LMHC, CAP
Dalia Fox, LCSW
Lauren Pearlman, LMHC, RMFTI
Jon Mallozzi, LMHC, RMFTI, CAP, NCC



Materials prepared and presented by Aspire Health Partners-Seminole, 237 Fernwood Blvd. Fern Park, Florida This Course Has Been Approved by The Florida Board of Clinical Social Work, Marriage and Family and Mental Health Counseling under Continuing Education Provider BAP #983, Exp. 03/2015 and FCB Provider # 5126-A.

Directions to the training event:

The event will be held in our Fernwood office located at 237 Fernwood Blvd, Fern Park Florida 32730. This facility is located near the corner of Semoran Blvd (Hwy 436) and 17-92 behind the Sam's Club, and down the street from the Jai Alai Center. For information about local lodging options, call us at (407) 831-2411 X1206.

Seating is limited! All participants must register in advance. To register, please complete and submit the form below along with payment to Aspire Health Partners- Seminole 237 Fernwood Blvd Fern Park Fl. 32730 / Fax to (407) 831-0195 Email to Julie.Emmer@AspireHP.org. More information contact Julie Emmer (407) 831-2411 X1206.

Name _____ **Agency** _____

Address: _____ **Phone** _____

Email: _____ **License #** _____

Please list any special needs that would require accommodation (including dietary restrictions):

Payment Options: (Cost is \$350 per participant in advance) _____ Check enclosed

OR Pay by Credit Card (Circle One):

American Express Discovery Visa Mastercard **Card #** _____

Name on Card: _____ **Expiration date** _____

Signature: _____ **Date:** _____