

CounselCareCanada Learning Solutions

http://www.counselcarecanadalearningsolutions.com

A Canadian Learning Organization

Cognitive Behaviour Therapy with Adults with ADHD Application Form for CBT-AD-11180419 Nov 26, 2018 to April 22, 2019

Discount of \$75 available with registration and payment before October 1, 2018

Please complete this application and scan and email it to registration@ccclearningsolutions.com or Fax to (519) 488-1061, and allow 24 hours for a reply.

In order to register for the CounselCareCanada Learning course "Cognitive Behaviour Therapy with Adults with ADHD", participants are asked to commit to: participate fully in the program in the best interest of themselves and their learning peers; to use the CBT model to its fullest as taught in this program (fidelity to method); and to abide by the policy of respecting the curriculum for the course Cognitive Behaviour Therapy with Adults with ADHD as the sole property of CounselCareCanada Learning Solutions, and not to share with others or in any way without the explicit consent of the organization.

	I agree t	o the	conditions	listed	above.
--	-----------	-------	------------	--------	--------

Personal Information (please complete all fields)

First Name:	Middle Name/Initial:	Last Name:
Male: Female:		
Street Address: (number & na	ame):	
Town or City Name:		Postal/Zip:
Province/State:	Telephone #:	
Time Zone: En	nail address: (please write c	learly):
Emergency Contact Name & 0	Contact Information:	



CounselCareCanada Learning Solutions http://www.counselcarecanadalearningsolutions.com

A Canadian Learning Organization

Professional Designation

What is your Professional Discipline?			
Registered Social Worker			
Registered Social Service Worker		Registered Psychologist	
Registered Nurse		Addictions Counsellor	
Marriage & Family Therapist		Registered Psychotherapist	
Mental Health Counsellor		Occupational Therapist	
Registered Dietician		Pastoral Counsellor/Priest	
Physician		Pharmacist	
Recreation Therapist		Other	
Professional Experience			
Are you a student in your field? (If so	please indicat	e the name of your program and	school):
How many years have you worked in	your discipline	2?	
What is your current knowledge level attended a workshop, none, etc.):	l in CBT? (<i>Read</i>	d a book, it was covered in a cour	se,



Client Centered Therapy

CounselCareCanada Learning Solutions http://www.counselcarecanadalearningsolutions.com

A Canadian Learning Organization

Do you have access to clients with which you can practice CBT?

Please check as many of the	following that apply to your	situation:		
I currently work with counse	lling/therapy clients on a regu	ılar basis (weekly	y) [
I currently have worked with	counselling/therapy clients a	s a student:		
I have recently studied couns	selling but have never worked	l with a client:		
I have graduated from a cou	nselling program and am in th	e process of sett	ting up	o a practice: 🗌
Please check the services yo	u have provided to counselli	ng/therapy clien	its:	
Service		Past (Current
Supervision of others in my	discipling	years)	
•	discipline			
Individual Psychotherapy				
Group Psychotherapy	stancel			
Addictions Counselling (sub	·			
Addictions Counselling (pro	cess)			
Skills Training	cinlina			
Educator of others in my dis	•			
As a student counsellor/the Crisis Intervention Role	rapist			
	overe Montally ill			
Community Treatment of Se				
Croup Dayshoodusation	ental Health Field			
Group Psychoeducation Pharmacotherapy				
•				
Support to Family Members At Risk Clients				
At RISK CHEHES				
In which of the following mo	dels have you received trainir	ng and supervision	n?	
Name of Model	Formal Course	Supervision	Self	f-Directed

Learning

Based



CounselCareCanada Learning Solutions http://www.counselcarecanadalearningsolutions.com

A Canadian Learning Organization

Contextual Therapy		
Brief Solutions Focused Therapy		
Gestalt Therapy		
Object Relations/ Self-psychology		
Therapy		
Integrative Therapy		
Expressive (Narrative)		
Analytical		
Systems Therapy		
Mindfulness Models		
Schema Based Therapy		
Insight Oriented Therapy		
Play Therapy		
Nursing Theories		

Please indicate the Methods/Techniques you already use in your practice, and how these methods/techniques were learned:

Methods/techniques	Formal Education & Supervision	Informal Self- Directed
		Learning
Cognitive Behaviour Therapy (Assessment)		
Cognitive Behaviour Therapy (Individual Case		
Conceptualization)		
Collaboratively Setting Therapy Goals with Clients		
Psycho-Education about Thoughts, Beliefs, and Actions		
Radical Acceptance of Clients		
Cognitive Interventions for Schema Change		
Identification and Evaluation of Negative Automatic		
Thoughts (NATS)		
Identification of Emotional Dysregulation in Clients		
Providing Insight into Client Problems		
Increasing Self-cohesion and Integration		
Client Skills Training		



CounselCareCanada Learning Solutions http://www.counselcarecanadalearningsolutions.com

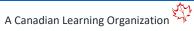
A Canadian Learning Organization

Payment Information

Program Cost (due with application):
In form of check made payable to CounselCareCanada Learning Solutions or with Credit Card.
Credit Card information provided or Check mailed for amount of (Cost of Program and 13% HST)
(Before October 1, 2018: \$1,300, Less Discount of \$75.00 = \$1,225 plus HST \$159.25 = \$1,384.25)
(After October 1, 2018): \$1300 plus HST (\$ 169) = 1, 469.00)
It is possible to make two payments (\$25 fee for processing: 1,494/2)
1 st payment of \$747.00 (on or before October 1 15)
2 nd payment of \$747.00 (on or before January 15)
It is not recommended that you send personal checks by mail. If your employer is sending a corporate check on your account, please have them send to: CounselCareCanada Learning Solutions, Box 116, 347 St. George Street, Dresden, ON, NOP 1M0
+++++++++++++++++++++++++++++++++++++++
Credit Card Information:
MasterCard Visa American Express Discover
Name as it appears on Credit Card (please print):
Address of Credit Card owner (if different than above):
Credit Card Number #:
Expiry Date: (month) year
Three or Four Digit Security Code, depending on Credit Card Company, (on back of card in upper right corner):
I authorize CounselCareCanada Learning Solutions to charge: \$to the credit card account number indicated abov
Postal Code of Credit Card owner:
Signature:



CounselCareCanada Learning Solutions http://www.counselcarecanadalearningsolutions.com



I hereby authorize CounselCareCanada Learning Solutions to charge my credit card account number and hereby place my signature beside the payment option I have chosen:

1. A one-time payment for the total cost of the program (made before Oct 1) in the amount of \$1,384.25
2. A one-time payment for the total cost of the program now (made after Oct 1 and on or before May 15) in the amount of \$1, 469.00
3. When a Payment Plan is scheduled, a one-time processing fee of \$25 is charged and the total
is \$ 1,494.00 ; 1st payment of \$737.00 (on or before Oct 1); 2nd payment of \$737.00 (on or before Jar
15, 2019)
Signature: