



# ALASKA TRAUMA CENTER

9138 Arlon Street, Suite A3-909

Anchorage, Alaska 99507

## 2016 ATC - TRAINING



### ICISF Trained Trainers:

Chaplain Bert McQueen, CMC, MSW



Sponsors of ICISF - CISM and other trainings

May 9-11, 2016 Anchorage

January 12-14 MatSu

### 3 day Combined ICISF courses:

- “Individual Crisis Intervention and Peer Support” & “Group Crisis Intervention” three day

May 12-13, 2016 Anchorage

- ICISF: Suicide; Inter, Pre and Postvention - two day

January 11, 2014 MatSu

- ICISF: Suicide Awareness - one day
- Training in the latest assessment tool C-SSRS



## 2016 Coming TBA

- PCIS:POST CRITICAL INCIDENT SEMINAR - three day

### Registration Required

Contact: *Chaplain Bert McQueen*

[alaskatraumacenter@apcm.org](mailto:alaskatraumacenter@apcm.org) /[alaskatraumacenter.org](http://alaskatraumacenter.org)

907-244-2403 fax 1877-300-9331 *Keep watch on our website for dates*



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NAME \_\_\_\_\_ Discipline \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # WK \_\_\_\_\_ HM \_\_\_\_\_

E-mail \_\_\_\_\_ Location \_\_\_\_\_ Date of Training \_\_\_\_\_

Make checks payable to: Alaska Trauma Center

Fax or e-mail your registration to: 1-877-300-9331 / [alaskatraumacenter@apcm.org](mailto:alaskatraumacenter@apcm.org) or register on line at [alaskatraumacenter.org](http://alaskatraumacenter.org)

**SEATING IS LIMITED TO (30) THIRTY per course.** Please register quickly and submit your payment. Ask for group discount for 10 or more attendees.

### 2014-2015 costs:

- 1 - Individual - Peer Support (2 day) \$250. \_\_\_\_\_
- 2 - Small Group (2 day) \$250. \_\_\_\_\_
- 3 - Advance Group (2 day) \$250. \_\_\_\_\_
- 4 - Pastoral CISM (2 day) \$250. \_\_\_\_\_
- 5 - Suicide: Prevention, Postvention  
and Intervention (2 day) \$250. \_\_\_\_\_
- 6- 1 & 2 THREE DAY COMBINED (3 day) \$350. \_\_\_\_\_
- 7 - Suicide Awareness: (1 day) an introduction for  
Crisis responders (anyone doing intake assessments) \$100. \_\_\_\_\_
- PCIS: Post Critical Incident Seminar \$100. \_\_\_\_\_  
(family members and rescuer)

TOTAL \$ \_\_\_\_\_

Credit card info: Name: \_\_\_\_\_ Number: \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_

Web site: [alaskatraumacenter.org](http://alaskatraumacenter.org)

Registration Fax# [1-877-300-9331](tel:1-877-300-9331)

e-mail: [alaskatraumacenter@apcm.org](mailto:alaskatraumacenter@apcm.org)