

State University of New York



Upstate
Medical
University

Department of Psychiatry

Registration:

The course is limited to the first 20 people who submit their registration forms. A deposit of \$100 will hold your place in the class, with the remainder due the week before the first class. (There is no fee for full-time faculty, residents and interns in the Department of Psychiatry and Behavioral Science at SUNY Upstate Medical University.)

Please send this form and your check made out to the *Department of Psychiatry-PPG* to:

Sandra Kaplan, LCSW
2100 E Genesee St
Syracuse NY 13210

phone: 315 475 6337
skaplan3@twcny.rr.com

Name (as you would like it to appear on your Training Certificate):

Address: Work _____

Home _____

Phone: Work _____

Home _____

email: _____ fax: _____

Mental Health Advanced Degree: _____ Year completed: _____

Type of Mental Health License/ Credential: _____

State: _____ Year: _____ License Number: _____

If you are a resident/intern/graduate student about to complete a course of study that will lead to full credentials as a licensed mental health professional:

Name of program:

Name of accredited school:

Your level in the program:

Note: The instructor may need to consult with you to clarify your credentials. Feel free to contact: Sandra Kaplan, 315-475-6337 or skaplan3@twcny.rr.com if you have questions.