



ELDER SUICIDE PREVENTION TRAINING FOR CAPE AND ISLANDS COMMUNITIES

Presented by
The Samaritans on Cape Cod and the Islands

This suicide prevention training led by The Samaritans on Cape Cod and the Islands is designed to reduce the incidence of suicide among adults age 55 and older. This training is open to the public and is appropriate for anyone who has contact with older adults during their professional, personal, or volunteer activities. After the training, participants will be able to: understand the warning signs of suicide in older adults; develop strategies for early intervention and prevention; identify risk factors, levels of risk, and protective factors for suicide in older adults; and learn effective methods for active listening and engagement with older adults who are suicidal.

Saturday
February 25, 2017
9 a.m. - 4:30 p.m.

Jonathan Bourne Public Library
19 Sandwich Road
Bourne, MA 02532

This training is available free of charge. We are able to offer 7.0 Continuing Education Units (CEUs) to Registered Nurses, Social Workers and Licensed Mental Health Clinicians. All participants will receive a certificate of attendance.

For more information, please contact
Stephanie Kelly or Karen Ellery-Jones at
508-548-7999 or ccsamaritans@verizon.net

This training is being offered through funding provided by the Massachusetts Department of Public Health Suicide Prevention Project.



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REGISTRATION FORM

Details: This training is open to the public and free of charge. Registration is from 8:45am – 9am and the training is from 9am – 4:30pm. A light breakfast, beverages, and lunch will be provided.

To Apply: Please complete this form and email it to ccsamaritans@verizon.net. (If you have difficulty completing the form, please include all of the information requested below in the body of your email or call the Samaritans office at 508-548-7999 to reserve your space.) There are only **12** spaces available for this training. Please note that your place is not reserved until we email a confirmation of your reservation. Due to the possibility of a waiting list and catering requirements, we ask confirmed registrants to contact us as soon as possible if you are unable to attend. **Please indicate on the form below which training you would like to attend.**

Name: _____

Organization: _____

Title: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Email: _____

☐ I would like to receive a certificate of attendance

☐ I would like to receive 7.0 CEUs in the following area(s):

☐ Registered Nurse (RN) License No. _____

☐ Social Work (SW) License No. _____

☐ License Mental Health Clinician (LMHC) License No. _____