



DIVERSITY AND CULTURAL COMPETENCE

**Instructors: Pam Hoskins, LICSW; and Kim Calhoun, LICSW,
MLADAC**

Date: Thursday, May 14th, 2020

Time: 8:30am – 12:45pm

Location: MHCGM Conference Room
5 Blodget St.
Manchester, NH 03104

Cost

- **\$100.00**
- Please make checks payable to: **MHCGM**
- MHCGM Category 1 and Category 2 employees may attend free of charge

Registration Class size is limited; please complete the attached registration form **as soon as possible** to reserve your seat.

Description: **NEW CURRICULUM**
This training will offer participants a foundation in recognizing how differences in cultural groups may affect access to mental health treatment. Participants will learn to identify behaviors and attitudes that help to improve cross-cultural communication. In addition, they will be able to identify their own role in providing culturally sensitive services.

Recommended Audience:

- All employees are required to take this training once during their first year of employment (or the online course in Relias).

Contact Hours:

- The Mental Health Center of Greater Manchester is an approved provider of continuing nursing education by the Northeast Multistate Division an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. The participant will be awarded **4.0** Contact Hours for attending this program.
- This activity has been approved for **4.0** Category I Continuing Education Credits for relicensure by the NH-NASW under hours for licensure have been applied through NASW NH.Workshop #3601

Presented by: The Mental Health Center of Greater Manchester, Manchester, NH



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Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM
ATTN: Charlene Kach, Staff Development
2 Wall Street
Manchester, NH 03101
Tel: 603-854-8384
E-MAIL: kachchar@mhcgmm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

(Required for confirmation & directions.)

Registration fee in the amount of \$ _____ Master Card Visa Discover

Credit Card #: _____ Expiration Date: _____ CVV code on back _____

Name on Card: _____ Signature: _____

Billing Address of Credit Card: _____

If using your personal credit card please provide the credit card billing address.

Date Received by MHC-GM: _____

Reservation #: 005583-

To register and pay online by credit card: <https://www.mhcgmm.org/events/>

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