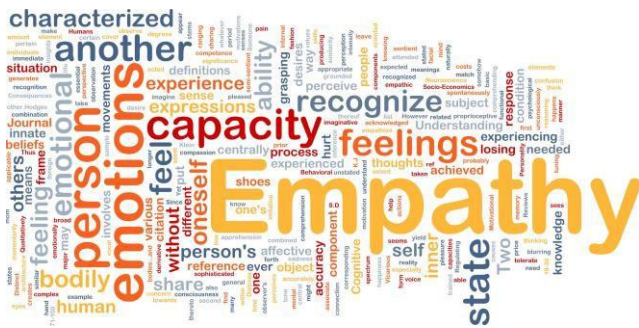




The Mental Health Center
of Greater Manchester

Tel: 603-668-4111 ~ www.mhcgm.org

Release Date: 7.17.19



Skill Enrichment Series

LEAP

(Listening, Empathizing, Agreeing and Partnering)

Instructor: *Harry Cunningham, LICSW*

Date: Thursday, March 26th, 2020

Time: 9:00 a.m. – 3:30 p.m. **(Lunch is on your own)**

Location: The MHCGM Training Room, 5 Blodget Street Manchester, NH

- Cost:**
- **\$125.00**
 - 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: Because of poor insight into the illness and poor adherence to treatment, many persons with mental illnesses are unable, or unwilling, to utilize available drug therapies and mental health services. They often exist at the margins of society.

LEAP is a set of communication and problem solving skills. The LEAP (Listen- Empathize- Agree- Partner) training teaches participants a set of evidence-based practices to strengthen mutual respect and trust with the aim of developing effective partnerships among a range of persons in a variety of settings.

- 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 **5.0** contact hours for attending this program.
 - This activity has been approved for **5.0** Category I Continuing Education Credits for relicensure by the NH-NASW - Workshop #3625.

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



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- Cost:**
- \$125.00
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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, Continuing Education
2 Wall Street
Manchester, NH 03101
Tel: 603-854-8384
E-MAIL: kachchar@mhcgcm.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

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

Name on Card: _____ Signature: _____

Billing Address of Credit Card: _____

Date Received by MHC-GM: _____

Reservation #: 005574

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