Champlain Valley Educational Services
Instructional Services Center
14 Area Development Drive, Suite 100, Plattsburgh, NY 12901 (518) 561-0100

Violence Prevention Certification Training 2011-2012

Pre-registration and pre-payment are required

With the recent enactment of Project SAVE (Safe Schools Against Violence in Education Act), schools will be required to make a number of significant changes in their policies and practices to help make our schools safe. Individuals applying for teacher, teaching assistant, pupil personnel service professional, school administrator, supervisor or superintendent of schools certification on or after February 2, 2001 will be required to have completed two hours of course work or training in school violence prevention and intervention.

Cost: $40.00 - must be paid in advance by money order or cashier's check (payable to **BOCES Treasurer**), or in cash.
NO PERSONAL CHECKS CAN BE ACCEPTED

To register for this course:
• Complete the registration form indicating your desired workshop date
• Mail form with your $40.00 payment to our mailing address:
Instructional Services Center, Champlain Valley Educational Services, PO Box 455, Plattsburgh, NY 12901
• You may also register in person 8:30 am – 3:30 pm at the ISC offices at 14 Area Development Drive Suite 100 , Plattsburgh
• A card confirming registration will be mailed to participants

Please Note: This training requires two full hours of classroom instruction, no late arrivals or walk-ins will be allowed in the session.
All workshops are held on a Thursday – Sign-in: 3:30 pm; Training: 4:00 – 6:00 pm

Please cut and return the bottom portion of this sheet to register for this course.

Registration Form

Violence Prevention Certification Training

Pre-Registration and Pre-Payment of $40.00 are required

Circle desired workshop date (all are scheduled on a Thursday):

Aug. 4, 2011 Summer Hours 3:00 - 5:00 pm
Sept. 15, 2011
Nov. 3, 2011
Jan. 5, 2012
Apr. 5, 2012
May 3, 2012

Times for all sessions (except Aug 4):

Sign-in: 3:30 p.m.
Training: 4:00 – 6:00 p.m.

Late arrivals will not be admitted

Name: _____
(Please print or type your name exactly as it appears or will appear on your License/Certificate)

Street Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Date of Birth:** / / (month / day / year)

Mail to: **Workshop Registration**
Instructional Services Center
Champlain Valley Educational Services
PO Box 455
Plattsburgh, NY 12901

Do not fax this form – ISC must receive your payment before your registration can be confirmed