

R E S I D E N T I A L
CHILD CARE PROJECT
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http://rccp.cornell.edu

# Training of Trainers in Therapeutic Crisis Intervention for Schools

**Update: Post Crisis Response** 

APPLICATION FOR TRAINING

INSTRUCTIONS: Please complete this entire application. Type your information into the fields below, print the application, sign it and send it to Cornell University to the contact below.

Name		Title/Position				
Organization Name & Address						
City	State	Zip Code	Country	Postal Code		
Telephone	Fax		Email address (MANDATORY)			
		ivenile justice, school, foste		ing Results.)		
	ddress					
	mail (MANDATORY)					
TCI Update: Post Crisis Res October 1-2,2018	sponse	Training site				
Training sponsor: Champlain Valley Educatio Onsite Contact: Julie Duprey Duprey_Julie Teri Calabrese-Gray, gray_t	@cves.org	Plattsburgh 49 Broad Str Duken Build	Plattsburgh CSD 49 Broad Street Duken Building Plattsburgh,NY 12901			

DEADLINE FOR APPLICATION: The RCCP must receive your application at least one month before the scheduled training. The RCCP will not reimburse travel, nor provide accommodation or meal per diems.

MAILING YOUR APPLICATION: Please e-mail completed application to: Alissa Medero ab358@cornell.edu

#### TCI PHYSICAL TRAINING PARTICIPATION GUIDELINES

NOTE: Before signing this application, please review the guidelines for participating in physical activity in the box below and initial the category of activity below that best applies to you.

I attest that I am physically capable of sustained, intense exertion and have no physical disability or condition (e.g., recent surgery, back or knee problems, obesity, heart condition) that would prevent me from participating in the physical restraint techniques and exercises (such as dropping repeatedly to knees, supporting another adult's weight, twisting and turning maneuvers, intense physical exertion, etc.) required to complete the course entitled Train the Trainer in Therapeutic Crisis Intervention and all update programs. I understand that these activities are strenuous. I acknowledge and assume the risks associated with strenuous physical activities and any accident that may occur during my participation in such activities. I also understand that Cornell University and the Residential Child Care Project has no responsibility to make an independent assessment of my physical capability to participate in the Train the Trainer in Therapeutic Crisis Intervention course and all update courses. If I have any questions or reservations about my physical capability to participate, I attest that I have consulted my own physician and initialed the category of activity below that best applies to my ability.

\*\*PLEASE REFER TO YOUR CURRENT CERTIFICATION FOR PHYSICAL INTERVENTION ELIGIBILITY – IF YOU ARE UNCERTAIN, PLEASE REFER TO YOUR CURRENT CERTIFICATION LETTER OR PLEASE CONTACT THE RCCP at ab358@cornell.edu or hs226@ cornell.edu.\*\*

No physical **Protective Interventions** 

Standing restraint Seated restraint

Small child restraint Prone restraint

Supine restraint

I understand that in order to be certified as TCI trainer and to be permitted to offer TCI training, I must pass the certification requirements during the Training of Trainer course. Attendance alone does not qualify me as a TCI trainer and allow me to train TCI.

Participant's Signature Date

#### GUIDELINES FOR SAFE PARTICIPATION IN PHYSICAL RESTRAINT TRAINING

We want to reduce the risk of injury for participants during our training as well as set reasonable guidelines for trainers in their own agencies in order to reduce the risk of injury for staff members and children. We ask that you consider the following risk factors and participate in the TCI training according to your own level of physical fitness. You will need to calculate your Body Mass Index (BMI) in order to complete this assessment. You can use the following web site to estimate your BMI:

## http://www.nhlbisupport.com/bmi/

### No physical restraint training

If you have one of the following conditions, you should not participate in any physical activity that requires twisting and turning, maneuvering to the floor, or extreme exertion. You may participate in protective interventions and breaking up a fight if you and your physician determine that you are not putting yourself or others at undue risk. We reserve the right to request medical verification of your ability to participate in the category of physical activity you self-declare on the application.

**Pregnant** 

Back or knee problems

Cardiopulmonary conditions

Recent surgery

Osteoarthritis

Osteoporosis

BMI over 35\*

- \*If your BMI is over 35 and you wish to participate in the full physical restraint training, the following conditions should be met:
- —You adhere to a regular fitness/work out routine
- —Your blood pressure is within normal range (with or without medication)