

Live streaming online course
PEERS® Certified Provider Training for Adolescents

Course Description

The PEERS® Certified Training is designed to instruct mental health professionals, healthcare professionals and educators on the administration and implementation of the PEERS® for adolescent intervention. It provides a model for an evidence-based social skills treatment for teens in middle and high schools with ASD, ADHD, anxiety, depression and other social difficulties, particularly with respect to friendships. This intervention includes a parent component on how to run the parent portion of the intervention.

What You will Gain

- ✓ understand friendship difficulties common to youth with ASD
- ✓ familiar with PEERS research and clinical intervention
- ✓ administer PEERS intervention to parents and teens
- ✓ evaluate the success of the PEERS intervention

Speaker Dr Elizabeth Laugeson PsyD
Founder and Director The UCLA PEERS® Clinic



11-13 July 2024 (Thu - Sat)
08:00 – 16:00 (HKT)

Register Fee \$5,500@

Each participant will receive a complimentary copy of the "Social Skills for Teenagers with Developmental and Autism Spectrum Disorders: The PEERS® Treatment Manual" (either original English e-book or localised Chinese version paper book of your choice)

Early Bird Rate \$4,950@ (Deadline: by 17 June 2024)

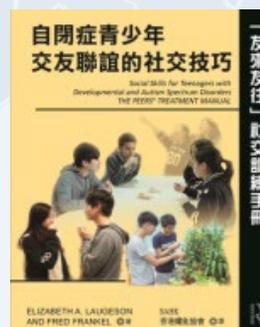
Targets: medical doctor, psychologist, social worker, teacher, physiotherapist, occupational therapist, speech therapist, nurses and other interested individuals

Accreditations#: CPD-PT: 8; -OT: 9; -SW: 21; CNE: 21; DCP: pending

Certificate with accreditation will be issued subject to a successful scanning of **at least 80%** of the attendance tracking QR codes that will be displayed **5 times in EACH course day**.

Remarks: Upon successful completion of the course, *eligible** participants will be entitled to register as "PEERS® Certified Providers" on the UCLA PEERS® website

* only applicable to participants with their qualifications (for details, please refer to the requirements on the separate sheet) submitted on or before 17 June 2024 for approval by Dr Laugeson



Authorised translation by SAHK

Scan to Register





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PEERS® Certified Provider Training for Adolescents

Qualifications Requirements

Only participants who meet the following requirements AND preapproved by Dr Laugeson PRIOR to the Course commencement are eligible to be registered as the “PEERS® Certified Providers” upon successful completion of the online Course:

- *Teachers with teaching credentials or students pursuing a teaching credential.*
- *A degree, certification, and/or license in the field of psychology or a related mental health field, including, but not limited to: B.C.B.A., M.S.W., L.C.S.W., M.A., M.S., M.F.T., M.D., R.N., L.V.N., Ph.D., Psy.D., Ed.D., M.P.H., S.L.P., O.T., R.T.*
- *Graduate students in an education, mental health, or medical related field pursuing a master’s degree or higher.*

Refund Policy

1. All payments are final for confirmed enrolment and no fees will be refunded unless with exceptional circumstances approved by the Institute Director and a surcharge (equivalent to 6% of the refund amount with a minimum charge of \$50) will be imposed.
2. All fees will be refunded if the Course is cancelled by the Organiser.

Course Enrolment Form

PERSONAL INFORMATION

Name:

Mr/Ms/Dr/Mrs* _____ (Surname) _____ (First Name)

Occupation: _____ Organisation: _____

Contact number: _____ (mobile) _____ (office)

Practicing certificate registration number: _____

Email Address (1): _____ Email Address (2): _____

COURSE TO ENROL IN

Course Title	Course Code	Registration Fee	Manual Version
<input type="checkbox"/> 3-Day PEERS® Certified Provider Training for Adolescents	CA-24A-02	<input type="checkbox"/> \$4,950 (Early Bird before 17/6/2024) <input type="checkbox"/> \$5,500 (Standard Rate)	<input type="checkbox"/> English e-book <input type="checkbox"/> Chinese paper book

PAYMENT

Payment should be made payable to "**SAHK**".

Bank name: _____

Cheque number: _____

*Delete as appropriate

I, the applicant, understand that the information provided on this form will be used by the SAHK Institute for course enrolment and administration purposes, and: (please '✓')

- I agree to the Institute keeping my personal data and wish to receive other course information from the Institute.
- I agree to the Institute keeping my personal data but do not wish to receive other course information from the Institute.
- I request to delete my personal data after completion of the course (Please note that the Institute cannot process your application for re-issuing of certificate, receipt, checking of CE points etc. after deletion).

Participants have to submit the qualifications on or before 17 June 2024 in order to receive the approval by Dr. Laugeson PRIOR to the training and will be entitled to register as "PEERS® Certified Providers" on the UCLA PEERS® Clinic website.

Applicant's Signature: _____ Date: _____

Application Method:

To register, complete and return this form together with cheque to:

SAHK Institute of Rehabilitation Practice

Units 08-09, 15/F, Chinachem Tsuen Wan Plaza, 455-457 Castle Peak Road, Tsuen Wan, New Territories

Please mark "Course Application" on the envelope and put down the "applicant's name" and "course name" on the back of the cheque.

Note:

1. Each enrolment form may only be used to apply for one course. Application to different courses must submit separate application with separate cheques.
2. Please fill out the required information in block letters and check the accuracy before mailing.
3. Course fees are non-refundable and non-transferable.
4. Refund will only be arranged upon course cancellation by the organizer.
5. Receipt acknowledgements and application results will be sent by e-mail.
6. For any enquiries, please contact us at (852) 2778 6191 or e-mail us at: irp@sahk1963.org.hk