ROWAN UNIVERSITY
CARES INSTITUTE
CHILD ABUSE RESEARCH EDUCATION AND SERVICE

TF-CBT Training Request

The CARES Institute provides clinical training in TF- CBT depending upon the availability of trainers/clinicians. For consideration, please complete this form and return to carestraining@rowan.edu or fax 856-566-2778.

Date:_____ Agency: _____

Street Address:_____

City:_____ State:_____ Zip:_____ If other than US, country:_____

Contact Person: _____ Phone #:_____

Email address: _____ Fax:_____

How many years has this agency been serving children who have experienced trauma or physical abuse? _____

Is this agency a member of or affiliated with the National Child Traumatic Stress Network? _____ Yes _____ No

If yes, please explain affiliation. _____

Has your agency received training from the CARES Institute ? _____ Yes _____ No

If yes, please explain. _____

Type of training requested (check all that apply): ____ Overview ____ Introductory Clinical _____Advanced Clinical

Number of days (see informational sheet for ranges): ____ Overview ____ Introductory Clinical _____Advanced Clinical

Possible dates for training (if known): _____ Total number to be trained: _____

Closest airport to agency:_____ Suggested hotel: _____

If the request is only for clinical training (not for consultation services), a formal contract may not be required. Is your agency willing to execute a confirming letter rather than a formal contract? _____ Yes _____ No

If requesting post-training consultation services, how often: _____ weekly _____ bi-monthly _____ monthly _____ other

Consultation services will last for how long: _____ 3 months _____ 6 months _____ 12 months _____ other

Thank you for your inquiry. You will be contacted within 2 weeks about this request.

DO NOT COMPLETE - Internal Use Only

Date to ED: _____ Date Approved: _____ Assigned Trainer: _____

Date Confirming Letter received: _____ OR Date contract sent to legal management:_____