Continuing Education for Social Workers  Registration Form – Winter 2021
Sam Field Center, 58-20 Little Neck Parkway, Little Neck, New York 11362 / 718-225-6750

- Registration can be made by check, credit card, regular mail, in person or, via email to cingber@commonpointqueens.org or by phone at 718-225-6750 ext.245.
- All checks made payable to Commonpoint Queens, / 58-20 Little Neck Parkway, Little Neck, NY 11362
- Full Refund: If cancellation is made 24 hours in advance. NO SHOW, NO REFUND; should a course be cancelled, fees can be applied to a re-schedule of the course, another course or, will be refunded.
- All courses listed below will take place at the Sam Field Center, 58-20 Little Neck Parkway
Please place a check on the course(s) for which you want to register:

- **In light of current health considerations, the Courses listed below will take place via Zoom Conference Call. All registrants will receive Zoom Invitations as well as the evaluation form two days prior to the scheduled course. Certificates will be emailed following completion of the course and upon receipt of the completed evaluation form. Please contact Charlene Ingber, 718-225-6750 or, cingber@commonpointqueens.org should you need additional information.

W21-3 Diverse Family Structures and Implications for Practice – Part 1
Date and Time: Monday, March 22, 2021, 8:30-10:30 AM
Fee: $50 for the two hour course (Fee waived for employees of Commonpoint Queens)
Pre-registration is required

W21-4 Diverse Family Structures and Implications for Practice – Part II
Date and Time: Monday, March 22, 2021, 8:30-10:30 AM
Fee: $50 for the two hour course (Fee waived for employees of Commonpoint Queens)
Pre-registration is required

W21-2 Advanced Topics to Motivational Interviewing
Date and Time: Monday, April 12, 2021, 8:30-10:30 AM
Fee: $50 for the two hour course (Fee waived for employees of Commonpoint Queens)
Pre-registration is required

NAME_________________________________________________ PHONE NUMBER_________________
ADDRESS________________________________________________________________________________
CREDIT CARD # ________________________________ EXP. DATE ________________________________
SOCIAL WORK LICENSE # ___________________ Email Address ______________________________

PLEASE PRINT CLEARLY