

You're invited to be a participant in an Online Self-Paced 40-hour Dialectical Behavioral Training Certification Program

DBT Skills Training

"DBT Skills are empirically supported strategies to help a variety of clients... Learn how to apply and teach the effective DBT Skills of Core Mindfulness, Interpersonal Effectiveness, Distress Tolerance, and Emotion Regulation in an incredibly thorough and interactive online learning environment."

~ The Linehan Institute



- Please see application on the back side of this flyer and fill out completely
- Once you start the training, you will have up to one year to complete the 40-hour certificate at your own pace, on your own time.
- This training is targeted for mental health consumers/client in Alameda County
- For more information on DBT and the Linehan Institute:
<https://linehaninstitute.org/>

Applications are currently being accepted.



Consumer Empowerment Department
 2000 Embarcadero Cove, Suite 400
 Oakland, CA 94606
 Ph. (510) 567-8100

**DIALECTICAL BEHAVIORAL THERAPY (DBT)
 TRAINING APPLICATION**

APPLICANT INFORMATION

| | | | |
|--------------------|-------------|-----------------------|-------------------|
| Name: | | | |
| Phone (home): | | Phone (work): | |
| Personal Email: | | Ethnicity (optional): | |
| Current Address: | | | |
| City: | | State: CA | ZIP Code: |
| Age range (circle) | TAY (18-26) | Adult (26-55) | Older Adult (55+) |

EMPLOYMENT/AFFILIATION INFORMATION

| | | |
|--------------------------------------|-----------------------|--------------------|
| Current employer/agency/affiliation: | | |
| Employer address (N/A if none): | | Employed how long? |
| Phone: | E-mail: | Fax: |
| City: | State: CA | ZIP Code: |
| Position Title: | Describe role/duties: | |

TRAINING REQUIREMENTS
 PLEASE ANSWER THE FOLLOWING QUESTIONS
 (Mark Answer Yes or No)

No Yes I have regular access to a computer
 No Yes I have access to Internet on the computer I will be using
 No Yes My computer has updated Adobe Flash Player or I am able to download and install it
 No Yes I am able to download and use Mozilla Firefox for the training
 No Yes I identify as a mental health consumer/client
 No Yes I live, work, and/or receive mental health services in Alameda County

Please describe any "No " answers to the above requirements:

SIGNATURE

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
|-------------------------|-------|

Return by email as attachment, fax it, hand deliver, or mail at your earliest convenience to:

Ms. Andrée Reyes, Email: andree.reyes@acgov.org
 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606.
 510.567.8070
 Fax: 510.383.2754

Questions? Please contact me.