



# CHILD ABUSE PREVENTION SERVICES (CAPS/Bully Prevention Center)

*DASA: Six-Hour Training in Harassment, Bullying, Cyberbullying and Discrimination in Schools Prevention and Intervention, for Educators and Social Workers (Dignity Act training)*

This program meets the NYSED requirement for school professionals (including but not limited to classroom teachers, school counselors, school psychologists, school social workers, school administrators or supervisors, and superintendents of schools), applying for a certificate or license to complete a six hour DASA training program prior to certification.

*Fee is \$100.* This class will be held on Wednesday, January 15<sup>th</sup>, 2020 in the Conference Room of Blue Ocean Financial Services, 2200 Northern Boulevard, Suite 200, East Hills, NY (near Roslyn). Check-in starts 8am. Please bring a bag lunch and beverages. Class starts promptly 8:30am and ends at 3:00pm. Driving directions will be emailed to you when registration/payment is received. Space is limited. Pre-registration is required.

**The coursework includes:**

- Social patterns of harassment, bullying and discrimination, marginalization and microaggressions
- Identification and mitigation of harassment, bullying and discrimination
- Strategies for effectively addressing problems of exclusion, bias and aggression in educational settings

**For more information:** 516.621.0552, x301, [info@capsli.org](mailto:info@capsli.org), capsli.org

*I will attend on (date) \_\_\_\_\_ Class Start Time \_\_\_\_\_ at \_\_\_\_\_*

Course Fee is \$100. Cancellations within 2 business days of Workshop will result in \$20 administration fee.

Fax this completed form to 516.621.3767 or scan in and email to [info@capsli.org](mailto:info@capsli.org)  
or mail form with check payable to CAPS to:

**Child Abuse Prevention Services (CAPS)  
PO Box 176, Roslyn, NY 11576**

When payment is received, we will email you confirmation and driving directions.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Billing Address of card holder including town, state and zip code **(needed for TEACH account - see below)**

Phone: \_\_\_\_\_ Email (needed for credit card transactions and confirmation): \_\_\_\_\_

Credit Card Type: *Visa MasterCard American Express*

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC# \_\_\_\_\_

If taking this class for DASA Certification, New York State requires us to collect the information below to correctly input your workshop completion into your TEACH account. Please check your information at <http://www.highered.nysed.gov/tcert/teach>. **Your name and address on this paper must match your TEACH account.**

Address (if different from credit card) \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name on TEACH acct if different from above: \_\_\_\_\_

Last five (5) digits of Your Social Security # \_\_\_\_\_

If you are a social worker, are you taking this for (check all that apply) \_\_\_\_\_ contact hours (you will receive a paper certificate indicating 6 CEU hours for this class) and/or \_\_\_\_\_ NY State Education Certification? If for state certification, you **must have a TEACH account.**