

UFT COURSES SUMMER 2019

CHILD ABUSE RECOGNITION AND REPORTING

The New York State Education Department requires all educators who are seeking initial or professional state certification to take a workshop in how to recognize and report suspicion of child abuse. It covers definitions of child abuse, indications that it has happened, and which procedures you should follow if you suspect that one of your students has been abused. This workshop is a one-day, two-hour session and meets requirements for NYS certification. All workshops begin promptly at the starting times stated below. New York State mandates that you must be present at the start of the workshop in order to receive the state certification. No late admission will be permitted. Bring a picture ID and allow additional time to pass the security check. **The UFT offers this workshop to its members for a \$25 fee, payable in non-refundable check or money order (made payable to UFT/Child Abuse); non-members pay \$50 in non-refundable money order only. Use the CHILD ABUSE RECOGNITION coupon on this page. UFT members may register online at www.uft.org/learnuft.** For further details, contact a UFT Course Program assistant at 212-475-3737. NO CONFIRMATION LETTERS ARE SENT. It is essential that you keep a record of your first choice. If you do not hear from us, you are registered for your first choice.

NOTE: For an updated schedule of additional workshops, please access www.uft.org.

UFT BROOKLYN OFFICE

(335 Adams Street, Brooklyn)

UFT CODE:	T93.5	DAY:	Tues.	DATE:	5/28	TIME:	4:30p-6:30p
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UFT HEADQUARTERS

(52 Broadway, near Wall Street, Manhattan)

UFT CODE:	T93.8	DAY:	Tues.	DATE:	6/11	TIME:	4:30p-6:30p
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MORE WORKSHOPS WILL BE SCHEDULED IN THE FALL

REGISTRATION COUPON

UFT Child Abuse Recognition and Reporting Workshops

WORKSHOP FEE:

MEMBERS:

Enclose a **\$25 check** or money order payable to UFT/Child Abuse.

NON-MEMBERS:

Enclose **\$50 money** order only payable to UFT/Child Abuse.

NO REFUNDS WILL BE MADE.

MAIL TO: UFT Child Abuse Workshop
52 Broadway – 18th floor
New York, NY 10004
1-212-475-3737

NAME _____

E-MAIL: _____

DATE OF BIRTH (mm/dd/yyyy): _____

SS# _____

☐ UFT MEMBER FILE# ☐ NON MEMBER

HOME ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

CELL PHONE () _____

First choice: UFT CODE _____ DATE _____

Second choice: UFT CODE _____ DATE _____

Third choice: UFT CODE _____ DATE _____

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