

# UFT COURSES SUMMER 2019

## VIOLENCE PREVENTION

All teachers applying for NYS certification must take this state-mandated two-hour workshop. School staffers can use techniques and practical approaches to avoid and defuse violent situations in school. This workshop gives participants an understanding of the dynamics of assaultive, aggressive behavior and tools to avoid becoming victimized in school. This workshop meets the violence prevention training requirement of the NYS Education Department for state certification. Enrollment is limited to 35 participants. For further information, call 212-701-9413.

The UFT offers this workshop to its members for a \$25 fee, payable in non-refundable check or money order; (made payable to UFT); non-members pay \$50 in non-refundable money order only. UFT members may register online at [www.uft.org/learnuft](http://www.uft.org/learnuft). All fees, payable to the UFT, are NON-REFUNDABLE. Mail in your registration as soon as possible. Classes fill up quickly. You will receive a CONFIRMATION of your registration.

**NOTE:** Participants are asked to arrive a half-hour before the workshop begins. Please check the New York Teacher for any additional workshops – or possible schedule changes.

### UFT BRONX OFFICE

(2500 Halsey Street, Bronx)

UFT CODE:	VPA.03X	DAY:	Thurs.	DATE:	6/20	TIME:	4:00p-6:00p
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### UFT HEADQUARTERS

(52 Broadway, near Wall Street, Manhattan)

UFT CODE:	VPA.03M	DAY:	Thurs.	DATE:	6/13	TIME:	4:00p-6:00p
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## MORE WORKSHOPS WILL BE SCHEDULED IN THE FALL

## REGISTRATION COUPON

### Violence Prevention Training Workshops

#### WORKSHOP FEE:

##### MEMBERS:

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

##### NON-MEMBERS:

Enclose \$50 money order only payable to UFT.

**NO REFUNDS WILL BE MADE.**

#### MAIL TO:

UFT – Safety & Health  
52 Broadway – 15th floor  
New York, NY 10004  
Attn: Danny Tong  
212-701-9413

You will be mailed a confirmation of your registration.

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 \_\_\_\_\_