

Lifelong Learning Anywhere

An On-Line Program to Support Continuing Professional Development

CURRENT TOPIC SERIES

Early Psychosis and Occupational Therapy

The session is designed to guide participants to learn about intervention in early psychosis related to:

- Recent advances in occupational therapy
- Influences of practice contexts
- Opportunities to enhance everyday living/occupational outcomes in early psychosis

Format

The **Current Topic series** uses an on-line format called Blackboard. Registration for the Current Topic Series is ongoing. Upon registration, participants receive a password to access the self directed learning module. The module includes a reading, power point slides and a quiz which can be completed in your own time. A grade of 80% is required on the rewriteable electronically scored quiz in order to receive a continuing professional development credit of 2 hours.

Current Topic Developer

Jocelyn Brown, MSc(OT - Post-Professional), (C), O.T.Reg. (NS), is an occupational therapist who has extensive experience in providing intervention and education to young people with early psychosis and their families, and has investigated recovery in early psychosis.

REGISTRATION

Effective March 1, 2010 (on-going registration)

FEE

\$20.00

To register, please visit
www.occupationaltherapy.dal.ca
or contact pauline.fraser@dal.ca
Tel: 902.494.6351
Fax: 902.494.1229



School of Occupational Therapy

Lifelong Learning Anywhere

An On-Line Program to Support Continuing Professional Development

REGISTRATION FORM

Current Topic Series: Early Psychosis and Occupational Therapy

NAME: _____

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL/ZIP CODE: _____

REGISTRATION FEE

Per Current Topic Qty ___ x \$20.00 _____
Total: _____

Effective March 1, 2010 (on-going registration)

Fax/Mail form to:

Pauline Fraser
School of Occupational Therapy
Dalhousie University
Room 215, 5869 University Ave., Halifax, NS B3H 3J5
Tel: 902.494.6351 • Fax: 902.494.1229
Email: pauline.fraser@dal.ca

METHOD OF PAYMENT

Cheque (payable to Dalhousie University) VISA MasterCard

Credit Card # ____/____/____/____ Expiry Date __/__

Cardholder's name _____

Cardholder's signature _____

For Office Use Only:

Date Received: _____

Payment Received: _____

CPD Certificate Completed: _____

Receipt Prepared: _____



**DALHOUSIE
UNIVERSITY**

Inspiring Minds

School of Occupational Therapy