

EMOTIONAL INTELLIGENCE: Managing Your Emotional Response

**Health
First**

Target : Health First Associates

Objectives: Define Emotional Intelligence
Discuss the Impact of Emotional Intelligence on Success in Relationships
List Four Aspects of Emotional Intelligence
List Five Competencies of Emotional Intelligence
Identify Areas for Personal Growth in the Area of Emotional Intelligence

Credit: This program has been approved by Florida Boards for **1.0 contact hours** of continuing education for **CNAs, Nurses, Occupational Therapists, Speech Pathologists & Respiratory Therapists**, CE Broker #50-873.

Classes are offered on multiple dates and at no cost to Health First associates

Fax Registration to: 321-254-5151.

Registration: Emotional Intelligence: Managing Your Emotional Response
Registration deadline: 2 days prior to program date

Please **select (check)** the date/location you wish to attend

HRMC Auditorium A: 8:00 AM – 9:00 AM

February 29, 2012 June 5, 2012 September 5, 2012 November 29, 2012

CCH Conference Room B: 8:00 AM – 9:00 AM

April 25, 2012 October 25, 2012

PBH Auditorium: 8:00 AM – 9:00 AM

April 24, 2012 August 28, 2012

Name	Title	
Mailing address	License #	
City, state, zip	Phone H	W
Employment facility/unit	User ID:	
E-mail		

Cancellation/Fees: By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins. If this program is of no cost to me and I do not cancel 48 hours in advance, a \$10 fee will automatically be deducted from my paycheck.

Signature (Required) _____

Confirmation: Available through self-service People Soft HRMS
([Home](#) > [Self Service](#) > [Learning and Development](#) > [Training Summary](#)) .

Please allow 3 business days before confirming your registration.

For more information, contact Cheryl McKinney at (321) 434-1962 or
Lalane Hayworth at (321) 434-1969 or email her at lalane.hayworth@Health-First.org

***Compliance with Health First dress code is expected.**

OFFICE USE ONLY: NO SHOW FEE \$10.00

Authorized by: _____ 54 CFL – Revenue 050 600002 6400
Date: _____ 55 CFL – Sponsorship 050 765830 6400