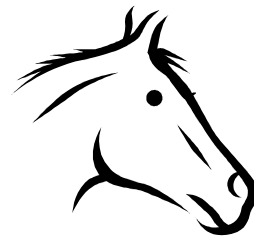


Equine Therapy: Epona Rivers Introduction



Target Audience Nurses and Social Workers

Speaker Holly Reed Pollock

Objectives

1. Discuss the purpose and principles on which equine therapy is founded.
2. Discuss how to create and maintain healthy boundaries.
3. Identify the purpose and message of authentic emotions.
4. Describe the equine therapy program offered by Epona Rivers method.

Date Time and Location Saturday, September 18, 2010 10:00 am to 12:00 pm
2165 Glatter Road, Malabar, FL (773-2485) - off Malabar Road (near Fire Station & Frisbee Park)

Cost \$10 for Health First associates; \$20 all others

Continuing Education Credit This program has been approved by the Florida State Board for 2.0 contact hours of continuing education and the FL Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling.
Providers: Health First Center for Learning, Provider No. NCE 2046. Social Work Provider No. BAP 225

For More Information Contact Denise Gangraw at 434-7392 or denise.gangraw@health-first.org
Fax Registration to: 321-254-5151

Registration Confirmation Health First Associates: Confirmations only available through self-service People Soft HRMS HRMS ([Home](#) > [Self Service](#) > [Learning and Development](#) > [Training Summary](#))
Please allow 3 business days before confirming your registration.

Registration for Program Equine Therapy

Registration deadline: 2 days prior to program

Name

Title

Mailing address

Professional license #

City, state, zip

Phone H

W

Employment facility/unit

Universal ID

E-mail

*Required for non-associates (information used for identification/databasing purposes only)

*Birth Month __ __, Birth Day __ __, Last 4 digits of SSN
__ __ __ __

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 to avoid losing my registration fee. 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. A \$10.00 administrative fee will be charged on all refunds.

Signature (Required)

*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