



ABI REHABILITATION THERAPIST TRAINING PROGRAM

Acquired Brain Injury Rehabilitation Therapist Training Program - Certificate of Completion 5 days (10 modules)

The course is open to those working or pursuing studies in the area of acquired brain injury rehabilitation. This program is based on Standards of Practice and Code of Ethics developed by the HNHAB ABI Network and adopted by member organizations. Students will participate in a learning opportunity that is directed to the development of advanced clinical skills and enhancement of knowledge reflective of the requirements of the Standards of Practice and Code of Ethics. In each module students will be provided with an understanding of theoretical foundation of clinical practice and the opportunity to learn and rehearse clinical skills in small and large group settings. ATTENDANCE at all modules is mandatory. **Modules will be held at McMaster University.**

DAY
1

MODULE 1 - **Cognitive 1** and
MODULE 2 - **Cognitive 2**

Thursday, **SEPTEMBER 16, 2016**
9:00 a.m - 3:30 p.m.

DAY
2

MODULE 3 - **Standards of Practice** and
MODULE 4 - **Mental Health/Medication**

Thursday, **NOVEMBER 24, 2016**
9:00 a.m - 3:30 p.m.

DAY
3

MODULE 5 - **Neuro-Anatomy**

Thursday, **FEBRUARY 16, 2017**
9:00 a.m - 3:30 p.m.

DAY
4

MODULE 6 - **Behaviour 1** and
MODULE 7 - **Behaviour 2**

Thursday, **APRIL 13, 2017**
9:00 a.m - 3:30 p.m.

DAY
5

MODULE 8 - **Teaching Skills** and
MODULE 9 - **Safe Handling Skills/Personal Care**

Thursday, **JUNE 8, 2017**
9:00 a.m - 3:30 p.m.

For more information contact:

Tracey Oliphant, Program Coordinator
905-525-9140 ext. 22706

cbs@mcmaster.ca | www.fhs.mcmaster.ca/cbs/





**ABI REHABILITATION THERAPIST TRAINING PROGRAM, CERTIFICATE OF COMPLETION
2016 – 2017 REGISTRATION INFORMATION**

ATTENTION TO: Tracey Oliphant, CBS Program Coordinator,
McMaster University, CBS Program, HSC Room 3H46A
1280 Main Street W, Hamilton ON L8S 4K1

PLEASE PRINT

TITLE: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
LAST NAME:	
FIRST NAME:	MIDDLE INITIAL:
WORK TITLE/POSITION:	
PLACE OF EMPLOYMENT:	

Home Mailing Address:

STREET:
CITY:
PROVINCE:
POSTAL CODE:
TELEPHONE NUMBER (DAYTIME)
EMAIL ADDRESS: (All correspondence will be emailed)

Modules: Payment Must Be Included, One cheque (\$500) Dated September 14 or Two Cheques, (\$250) Dated September 14th and February 14th. Made Payable to McMaster University.

<input type="checkbox"/> Day 1-Thursdays September 16, 2016, 9:00–3:30 McMaster University, ROOM TBA
<input type="checkbox"/> DAY 2-Thursdays November 24, 2016, 9:00-3:30, McMaster University, ROOM TBA
<input type="checkbox"/> DAY 3-Thursdays February 16, 2017, 9:00 – 3:30, McMaster University, ROOM TBA
<input type="checkbox"/> DAY 4-Thursdays April 13, 2017, 9:00-3:30, McMaster University, ROOM TBA
<input type="checkbox"/> Day 5- Thursdays June 8, 2017 , 9:00-3:30, McMaster University, ROOM TBA

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