

ANGER MANAGEMENT SPECIALIST CERTIFICATION SEMINAR

TWO DAYS – Thursday & Friday, June 13 - 14, 2019

9:00 am to 4:30 pm each day

NYC Metro Area

Newark Liberty International Airport Marriott

***This Seminar is approved by the National Anger Management Association (NAMA) and fulfills ALL requirements for Anger Management Specialist-I or II Certification (www.namass.org)**

CEU 12 contact hours NASW Provider #886531153, NBCC Provider #6425, NAADAC Provider #751 CA-BBS Provider #4929 NAMA #1001

- **LATEST CLINICAL RESEARCH AND TREATMENTS OF ANGER PROBLEMS**
- **EFFECTIVE MINDFULNESS AND ANGER MANAGEMENT**
- **RECENT ADVANCES IN CLASSICAL ANGER MANAGEMENT SKILLS, CONCEPTS, EXERCISES**
- **BRAIN RESEARCH AND ANGER MANAGEMENT**
- **INTEGRAL/DEVELOPMENTAL APPROACH TO ANGER MANAGEMENT**
- **COGNITIVE BEHAVIORAL APPROACH AND DESTRUCTIVE THINKING**
- **LEARN SECRET OF EFFECTIVE OUTCOMES**
- **FOR ADULTS, ADOLESCENTS, CHILDREN, RELATIONSHIPS**
- **FOR GROUP, CLASS, WORKSHOP, OR INDIVIDUAL MODALITIES**

Tuition \$599.00/person - The seminar is open to those with a background in mental health, substance abuse, domestic violence, education, corrections, law enforcement, coaching, pastoral counseling, human resources, and those who need or desire to work with angry and hostile clients. Students in these fields may also be accepted. The seminar fulfills ALL the NAMA requirements including (1) basic content and (2) supervision for the Specialist Certification (*Recognized by all courts in US*). Once you have completed this seminar you may apply directly for NAMA Certification (\$125 or \$150 application fee).

INSTRUCTORS:

- **Rich Pfeiffer, MDiv, PhD**, Distinguished Diplomate of NAMA and Anger Management Specialist-V
- **Laura Moss, CAMS-IV**, Co-Director Growth Central, Certified Life Coach, Diplomate of NAMA

Register Online at www.GrowthCentral.com

Anger Management Specialist-I or II Certification 2-Day Seminar – June 13-14, 2019 – NYC Metro

Seating is limited – Pre-registration required – Credit Cards or Checks payable: Growth Central

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Email Address: _____

Payment: Check / Visa MasterCard Discover American Express

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Signature _____

FAX Registration: Fax: 646-390-1571 or email: growthcentral@gmail.com