



Calvary Hospital's Annual Bereavement Education Program

Calvary Hospital's 31st Annual Bereavement Education Program begins this March and is designed for those in the helping professions, and not for bereaved family members. Taught by various specialists from Calvary Hospital and Hospice, these courses examine different bereavement and grief-related issues.

There will be 10 courses offered once a month on Wednesday nights from March to December 2024. Participants can attend any one course for \$40 (2 contact hours each), or all 10 for \$400 (total of 20 contact hours). Each course meets live on Zoom and will not be recorded. Attendees must be present with cameras on during the days and times the courses are offered in order to receive contact hours.

Successful completion requires that participants: (1) register for the course, and (2) complete course evaluations for each lecture attended.

Contact hours are approved by the following organizations:

- 1. Calvary Hospital, Bereavement Services is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0158.*
- 2. Calvary Hospital, Bereavement Services is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors #MHC-0162.*

Course Fees

- \$40 for an individual course (2 contact hours)
- \$400 for all 10 courses (20 contact hours)

**For more information,
contact Spring Kwok at:
917-658-0484 or
skwok@calvaryhospital.org**

Note: No commercial support was received for this educational activity

Calvary Hospital's Annual Bereavement Education Program Schedule

Wednesdays

DATE & TIME	TOPIC	PRESENTER
March 27 6:00 - 8:00 PM EST	Overview and Fundamentals of Grief	Edgardo Lugo, MS, LCSW-R, RPT-S, CGP
April 24 6:00 - 8:00 PM EST	Delirium and Depression Grief and Bereavement from the Hospice Perspective	Dr. Robert Brescia Rachel Borg, LMSW
May 29 6:00 - 8:00 PM EST	Traumatic Grief and Recovery Interventions	Spring Kwok, LMSW
June 26 6:00 - 8:00 PM EST	Coping with Death of a Parent and Death of a Spouse	Joanne Castellanos, MA, LMHC, FT
July 31 6:00 - 8:00 PM EST	Grief and Play Therapy with Children in Different Clinical Settings	Rachel Borg, LMSW Spring Kwok, LMSW Jacqueline Marlow, MA, CAT-LP
August 28 6:00 - 8:00 PM EST	Initiating Bereavement Support Groups and Interventions	Jackeline Abbondandolo, MS, LMHC
September 25 6:00 - 8:00 PM EST	Coping with Death of a Child and Death of a Sibling	Joanne Castellanos, MA, LMHC, FT
October 30 6:00 - 8:00 PM EST	Understanding Childhood Grief and Therapeutic Intervention	Spring Kwok, LMSW Jacqueline Marlow, MA, CAT-LP
November 20 6:00 - 8:00 PM EST	Spirituality and Grief	Edgardo Lugo, MS, LCSW-R, RPT-S, CGP
December 11 6:00 - 8:00 PM EST	Meaning Making, Compassion Fatigue, Self-Care, Closing Ritual	Stephanie Newman, LMSW

Schedule is subject to change without notice.

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Registration Form

Please complete one form for each participant. Please either mail completed registration form to Calvary Hospital (address below) or email to Spring Kwok at skwok@calvaryhospital.org

Check: To pay by check, please mail completed registration form and check out to Calvary Hospital:

Calvary Hospital
Bereavement Services
1740 Eastchester Road
Bronx, NY 10461

Please include check number here: _____

Credit Card: To pay by credit card, call the Cashier from 10 AM - 4PM at 718-518-2048 and tell them you are paying for the Annual Bereavement Education Program.

I need a receipt for reimbursement (circle one): YES NO

Licensee Name Licensed Profession License Number

If you are not licensed, please print your name above as it should appear on the certificate.

Materials will be emailed to you a few days before the course. Please provide the best email address. All certificates will be emailed to you unless you request another format.

Email: _____

Work Phone: _____ Cell Phone: _____

Title/ Department: _____

Work Address: _____

Home Address: _____

Please indicate which month course you would like to sign up for:

March	April	May	June	July
August	September	October	November	December

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