



Ohio Suicide Prevention Foundation

www.ohiospf.org

Connecting for Life

Statewide Gatekeeper Training “Train the Trainers”

Please Join Us!

When: Wednesday, October 8, 2008 from 9:30 am to 3:30 pm
(Lunch on your own)

Where: 1900 Kenny Road
Columbus, OH 43210
(former location of OSPF)

Who: All Ohio Suicide Prevention Coalition members and interested individuals who wish to learn to provide Gatekeeper Training in Suicide Prevention.

What: *Gatekeeper Training in Suicide Prevention* – Enhance the resources and tools you use to increase local awareness and intervention goals.

Participants should be willing to volunteer their time to train gatekeepers in their community as a part of the work of their coalition and/or organization.

In addition, participants will be able to network with other coalitions from around the state.

Trainer: Dr. Ellen Anderson, Ph.D., LPCC, Consultant, Ohio Suicide Prevention Foundation

Please RSVP using the attached registration form to: Cheryl Holton,
Program Administrator, Ohio Suicide Prevention Foundation

holton.32@osu.edu

Or fax to 614-247-6173

Please respond by October 6, 2008 – seating is limited

There is no fee for the training

For more information, contact Cheryl Holton at the Ohio Suicide
Prevention Foundation:

Cheryl Holton

Program Administrator

Ohio Suicide Prevention Foundation

614-688-4480 or

holton.32@osu.edu

Sponsored by the Ohio Suicide Prevention Foundation, through
support from the Ohio Department of Mental Health, the Ohio
Department of Alcohol and Drug Addiction Services and The Ohio
State University

See Registration form below

REGISTRATION FORM

Ohio Suicide Prevention Foundation

Please complete registration form and email or fax the form to Cheryl Holton,
at Holton.32@osu.edu or Fax: 614-247-6173

Training Title: Statewide Gatekeeper Training: Train the Trainers

Training Date and Time: October 8, 2008

On-Site registrations will be welcomed if space is available.

(Please PRINT Clearly)

Name (participant): _____

Badge Name (if different): _____

County Coalition: _____

Job Title (if applicable): _____

Agency (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please list any special accommodations you may need below. (The Ohio Suicide Prevention Foundation is committed to making activities accessible to persons with disabilities or special needs.)

Special Need(s)/Request(s):
