

Learner-Centered Teaching Strategies

This workshop is designed to introduce the participant to the concept and philosophies of learner-centered instruction in an experiential manner. Participants will be exposed to a variety of teaching strategies that can be used to teach any topic by actually experiencing the strategies first-hand. Attention will be given to achieving learning objectives without lecturing and how to effectively implement these strategies in your classroom.

| Dates | Days | Times | Registration encouraged by |
|------------------|---------|-----------------|----------------------------|
| October 5, 2010 | Tuesday | 1:00PM – 5:00PM | September 28, 2010 |
| November 1, 2010 | Monday | 1:00PM – 5:00PM | October 25, 2010 |

Location: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110

Prerequisites: • Internet access

Tuition: \$50.00

Text: None

Education Credit: 4 continuing education units

Registration: Registration encouraged by the date listed above to reserve your space. Send your registration form and payment to: HealthONE EMS, 333 W. Hampden Ave., Suite 200, Englewood, CO 80110. Payment must be enclosed with registration to confirm a seat in the class.

Cancellation: Cancellation notice must be received in writing 5 working days prior to the beginning of class to qualify for a partial refund. A \$30.00 administrative fee will be assessed for any cancellation.

-----Clip and Mail-----

Learner-Centered Teaching Strategies Registration Form

Dates you would like to register for:

| | | |
|-------------------|-------------------|-----------------------------------|
| Last Name | First Name | M.I. |
| | | |
| Address | City | State |
| Home Phone | Cell Phone | HealthONE EMS Membership # |
| Work Phone | Email | Last 4 SSN |
| | | |

Agency

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|-------------------------------------|-------------------------------|----------------------|------------------|---|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | Credit Card # | Exp. Date | / |
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|------------------------|------------------|
| Cardholder Name | Signature |
|------------------------|------------------|

We must have your expiration date and signature to accept payment with a credit card. **Amount Enclosed** \$

Check Money Order Cash PO#

How did you hear about this course?

Agency
 Web page
 Flyer
 Catalog
 Other