



training opportunity:

Digital Ethics and Boundaries for Telehealth and Social Media

Navigating the waters of potential ethical pitfalls while working in a virtual world can make for some choppy waters. This workshop will address ways to set and hold to clear boundaries and explore and define strategies we can take to prevent online ethical issues. We will discuss helpful tips to handle addressing boundaries when situations become blurry. We will also discuss self-care and modeling healthy boundaries for the virtual workplace and working from home.

A camera and microphone are required.

DATE: June 7, 2021 - 9:00-12:00 | 3 hours of approved education

LOCATION: Online with Adobe Connect

PRESENTER: Martha Thompson, PsyD, CAADC

COST: \$25

To register, complete this form and email it to info@decertboard.org. If you are paying by check or money order, you may mail the form and payment to DCB, 298 S. Progress Avenue, Harrisburg, PA 17109. Fee must accompany the Registration Form. Professionals submitting the Registration Form without payment will be placed on a waiting list. Email confirmation will be sent to professionals who are registered for the training. To receive continuing education hours participants must attend the entire training.

Terms and Conditions

By registering for this training, I acknowledge that I will have to download Adobe Connect to access the online training. I also acknowledge that I will access the training using a laptop or desktop device. I will not use a mobile device such as a tablet or smartphone. An administrative fee of \$10 will be charged for substitution of attendee, cancellation, or if fee is received on or after the training date. No refund will be given for cancellation within two weeks prior to the training or for no-shows. Written requests for attendee substitution are accepted up to five business days prior to the training date.

Name: _____

Email: _____ **Phone: (Cell)** _____

Payment (check one): Check Money Order VISA MasterCard Discover American Express
Checks & Money Orders made payable to DCB

Number: _____ - _____ - _____ - _____

Sec. Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____
