



**The Spokane County Sheriff's Office  
Is Hosting:**

**Understanding Post-Traumatic Stress Disorder (PTSD) in the  
Military Veteran:**

***A Crisis Negotiation Approach***

This invaluable course encompasses an in-depth discussion of Post-Traumatic Stress Disorder – Signs and Symptoms of the condition, how it manifests, how Stigma and Stress play a factor in triggering it, and how & what strategies appear to be successful in managing those who may suffer from it. This initiative will not only educate others, but attempt to provide the necessary insight and psychologically based management tools for reducing the potential for a critical incident. The program will also penetrate the “Stigma” dynamic and will assist others in “normalizing” such behavioral and emotional reactions that many veterans and their families experience following stages of deployment.

**Instructor:** Dr. Robert Cipriano, Jr. is a Florida licensed psychologist and for the past 9 years has been a Staff Police Psychologist for one of the largest police departments within the Southeastern United States. He is a co-consultant and one of two police psychologists for the Special Response Team (SWAT). Dr. Cipriano specializes and conducts seminars on individuals suffering from Post Trauma Reactions such as PTSD (military and police), various Axis I conditions, conflict resolution, understanding and intervening with those that suffer from personality disorders, and suicide prevention and intervention.

**APRIL 29<sup>TH</sup>, 2013  
08:30 A.M. – 4:30 PM**

**LOCATION: SPOKANE COUNTY SHERIFF'S OFFICE TRAINING CENTER  
10319 E. APPLEWAY  
SPOKANE VALLEY, WA 99206**

**NON-REIMBURSABLE FEE OF \$110.00, PAYABLE TO LJS INTERNATIONAL TRAINING & CONSULTING GROUP**

**Please send your check and make payable to:  
LJS Training & Consulting Group, LLC  
8561 Walden Glen Drive  
Jacksonville, Florida 32256**

**(Please include/send a copy of your registration with your payment)**

**TO REGISTER:** Please complete the attached registration form and return to  
Deputy John Oliphant by fax (509) 477-6975 or email,  
[jroliphant@spokanesherriff.org](mailto:jroliphant@spokanesherriff.org).

For further information regarding host site & registration issues, call Deputy John Oliphant @ the SCSO Training Center (509) 477-3211.



# Spokane County Sheriff's Office – Training Unit

## GENERAL COURSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY

### 1. GENERAL INFORMATION

Applicant's Name:			(Last)	(First)	(Middle)
Title/Rank:	Applicant's Personnel Number:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Duty Assignment:		Agency:			
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address: @			
Agency Mailing Address:		(Street or PO Box)	(City)	(Zip)	

**IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.**

### 2. COURSE INFORMATION

Course Title:	Location of Course:
Course Dates:	

### 3. MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

\_\_\_\_\_  
\_\_\_\_\_

### 4. TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)

@

**Confirmation is sent via email, please make sure this section is complete.**

### 5. AUTHORIZATION

Agency Representative Authorizing Attendance:		
Name	Title	
Signature	Date	

Return completed application form to: Spokane County Sheriff's Office Training Unit, 1100 W Mallon, Spokane, WA 99260  
Attn: Deputy John Oliphant. Applications may also be faxed to (509) 477-6975 or sent as an email attachment to [jroliphant@spokanecounty.org](mailto:jroliphant@spokanecounty.org). For more information regarding the application process, please call (509) 477-3211.

### SCSO USE ONLY

Confirmation Notice Sent?  Date: \_\_\_\_\_

Cancellation Notice Sent?  Date: \_\_\_\_\_

Paid?  Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Did the Student Withdraw? Yes  Date: \_\_\_\_\_  
Check Returned? Yes  No  N/A  Date: \_\_\_\_\_

Comments: