

Matrix Model

Key - Supervisor Training



The key to effective implementation of the Matrix Model at your site requires the selection of:

An Excellent Key Supervisor

- **Respected Clinical Leader**
- **Organizationally savvy**
- **Has great Communication and Clinical Skills**
- **Is committed to working to implement the Matrix Model with good fidelity**

Included in the cost of your on-site core **workshop** is the tuition for **your selected Key Supervisors**.

Matrix will support the network of Key Supervisors by:

This person will:

- Be a change agent for you in this process.
- Serve as a liaison between the site and Matrix
- Help train staff and educate administrators about Matrix
- Serve as a clinical leader and an expert within your organization in the Matrix Model
- Offering onsite training at one of our Matrix sites in Los Angeles.
- Providing access to the Key Supervisor list serve where clinical issues are discussed with experienced Matrix clinicians.
- Hosting an annual Key Supervisor Conference where new information and techniques can be shared
- Providing more exciting opportunities in the future

The Key Supervisor training provides an advanced level of training on the Matrix Model. The training will include participation in actual group treatment sessions and use of the Fidelity Instruments of the model along with a host of other advanced training and support materials.

Upcoming Training Dates for 2009:

January 14-16 & 28-30

February 11-13 & 25-27

March 11-13 & 25-27

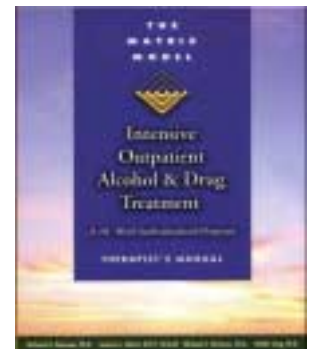
April 8-10 & 22-24

May 6-8 & 20-22

Training Cost: \$1,000.00/person

Training Schedule: (2.5 days)
Day 1 = 5:00 pm - 9pm
Day 2 = 12:30 pm - 9pm
Day 3 = 9:00 am - 6pm

Contact: Charles Anderson (310) 207-4322 fax (310) 207-4404



Registration form for:

MATRIX INSTITUTE TRAININGS
12304 Santa Monica Blvd., Ste. 100
Los Angeles, CA 90025
Attn: Marilyn Tolan
OFFICE (310) 207-4322
FAX: (310) 207-4404

Name: _____ **Title** _____ **Company/Agency:** _____

Address: _____ *Phone:* _____

City _____ *State:* _____ *Zip:* _____ *Email:* _____

Requested Training Dates: _____

Method of Payment: (circle one) CHECK VISA MC

Credit Card #: _____ *Exp. Date* _____

Card Holder Name: _____ *Card Holder Signature:* _____

To reserve your training space please fax in Registration form. Limited training slots.
Payment must be received prior to training date. Cancellations 15 days or less prior to training date will be charged full class fee.

MATRIX OFFICES

West L.A.	(310) 207-4322	1849 Sawtelle Blvd., Suite 100, CA 90025
San Fernando	(818) 226-6070	20350 Ventura Blvd., Suite 230, Woodland Hills, CA 91364
Inland Empire	(909) 989-9724	11777 Sebastian Way, Suites 102 A-B, Rancho Cucamonga, CA 91730
Los Angeles	(323) 933-9186	5220 W. Washington Blvd., Suite 101, Los Angeles
