



Traffic Safety Bureau
New Mexico DEPARTMENT OF
TRANSPORTATION
 MOBILITY FOR EVERYONE

DWI School Advanced Facilitator Skills Training:
Engaging Impaired Driving Populations in Change

Friday, November 13, 2009 • 8:00 a.m. to 5:00 p.m.

Instructor: Scott Covert, National Training Director, The Change Companies®

The Change Companies®, publisher of the New Mexico Traffic Safety Bureau's DWI Education Program, is offering an Advanced Facilitator Skills Training for New Mexico DWI School Instructors.

This highly interactive training is comprised of three learning objectives.

Learning Objectives:

1. Identify and apply the five principles of Adult Learning to maximize the impact of DWI curriculum instruction.
2. Practice strategies for addressing the challenges of resistant populations.
3. Go beyond the Facilitator's Manual and practice creative and motivational facilitation techniques for engaging participants in the change process.

To Register:

Class size is limited. Registration cannot be guaranteed at the door. **Pre-registration for this training closes Friday, November 6, 2009.**

Complete this form and send to Christy Degenhart, 5221 Sigstrom Drive, Carson City, NV 89706, fax to (775) 885-0643, call her at 888-889-8866 or by e-mail at cdegenhart@changecompanies.net

WHO:

- ▶ Currently certified DWI school facilitators *only*. NMTSB *strongly recommends* that all certified facilitators attend this class.
- ▶ This course *cannot* be used as continuing education for Driving Safety Instructors.

WHERE:

Albuquerque Marriott Pyramid North
 5151 San Francisco Road NE
 Albuquerque, NM 87109
 (505) 821-3333

COST:

It's Free!

Satisfies 8 hours of continuing education required for DWI School facilitators.

Any individual with a disability who is in need of an auxiliary aid or service to attend or participate in a Traffic Safety Bureau meeting, or who needs copies of meeting materials in an accessible form, may contact the Traffic Safety Bureau for assistance at (800) 541-7952 at least 10 days prior to the meeting.

Name _____ Telephone: Work _____

Organization: _____ Home _____

Address: _____ Cell _____

_____ Fax: _____

City/State/Zip _____ E-mail: _____

Please provide your preferred mailing address