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### Registration Form to Earn CEU/CME

Joint Sponsorship: Tri Behavioral, LLC d/b/a Atheneum Learning, LLC and McLean Hospital

#### Online Training Program: Flexible CBT Approach

Please check one:

- 20 CEU/CME @ \$399 for 6-month subscription
- 10 CEU/CME @ \$349 for 6-month subscription

FAX to Atheneum Learning, LLC  
617-663-4801

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Degree: \_\_\_\_\_ State & License# \_\_\_\_\_ and check one below:

- Physician  Nurse
- Psychologist  Social Worker

#### Instructions to earn CEU/CME:

- Read website sections "Required for CEU/CME" and Privacy Statement
- Complete registration form and fax to Atheneum Learning™ @ 617-663-4801
- Once purchased, User ID and password are issued for 6-month unlimited access
- Online training in three modules
- To earn 20 CEU/CME, read Modules 1, 2, and 3 AND complete all learning games (total 20 hours), then send email to: eneuhaus@atheneumlearning.com to have certificate processed.  
PLEASE NOTE: completion of ALL learning games is required for certificate. Psychologists must achieve 75% correct.
- To earn 10 CEU/CME, read Modules 1 and 2 and complete learning games for those modules (total 10 hours), OR, read Module 3 and complete learning games for Module 3 (Total 10 hours).  
Then send email to: eneuhaus@atheneumlearning.com to have certificate processed.  
PLEASE NOTE: completion of learning games is required for certificate. Psychologists must achieve 75% correct.
- Certificate will be mailed or sent as pdf via email (please indicate your preference). Certificates are issued through Joint Sponsorship of Atheneum Learning™, and McLean Hospital, an affiliate of Harvard Medical School.

- I have read and agree to the terms set forth in the website sections "Required for CEU/CME" and Privacy Statement

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Payment:

- Payment on secure Atheneum Learning™ website
- Or, Credit Card Payment via fax.

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

- Pay by Check—please send to address above, 2-4 weeks for processing.