

## **Instructions For Completing The Stressed Out Educator: A Burnout Prevention Manual**

1. **Order the Manual:** Mail a check for \$15.00 (payable to Colorado Consulting Services, Inc.) or send a completed credit card form (at the end of this document) for \$15 , and we will send you the manual for the “Stressed Out Educator Program”. Please be sure to indicate which manual you are requesting.
  
2. There are two parts to the manual:  
A) A background information part.  
B) An assignment completion part.  
The information part provides necessary background for understanding course content.  
The assignment completion part is what you are expected to answer and submit as evidence of having read and understood the manual.
  
3. Read all the information pages but do not submit them when you are done. They are to be retained by you.
  
4. Complete all pages where charts or lists or spaces requiring responses are provided. If you need more room write in the spaces found below or attach additional sheets of paper.
  
5. Mail all assignment completion pages to the address listed below when you are finished. These pages must be submitted in order for you to receive credit for the course.
  
6. Fill out the enclosed course registration form. Payment can be made by check or credit card (MC/VISA). Please make checks payable to **Colorado Consulting Services, Inc.** The amount due is **\$405.00**
  
7. Please call **(303) 393-1622** if you should have any questions about these directions or about course registration / payment.
  
8. The course number and title which will be listed on your transcript is :  
TED 5000 – The Stressed Out Educator.
  
9. Mail your completed work along with your registration and payment to:  
  
Dr. Jay Wissot  
5320 E. Dakota Ave  
Denver, Colorado 80246
  
10. Please do not be alarmed that pages 5-8 are missing. They were deliberately removed because the information was irrelevant to the completion of the course assignments.

11. Please return the unused manual to the mailing address should you elect not to do the course. I would like to make it available to other interested teachers.
  
12. SPECIAL NOTE: Please do not be concerned that your manual reads Cleaning Up the Stress Mess and not The Stressed Out Educator. We have not yet made the change on our manual cover to reflect the course title we are now using at the University of Colorado at Denver.

# University of Colorado at Denver and Health Sciences Center, School of Education & Human Development

## Continuing and Professional Education Registration Form

YEAR: \_\_\_\_\_ TERM: \_\_\_\_\_

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Last Name	First Name	Middle Initial	Former Name, if applicable
Student ID # <i>(leave BLANK if not known)</i>	Date of Birth	Daytime Phone	Employer
Mailing Address	City	State	Zip
EMAIL Address <i>(required)</i>			

**Ethnic Origin**

- American Indian or Alaska Native   
  Asian or Pacific Islander   
  White, not of Hispanic origin  
 Black, not of Hispanic origin   
  Hispanic   
  Other

**Citizenship**

- U.S. Citizen   
  Non-U.S. Citizen  
 Country of Citizenship \_\_\_\_\_  
 Visa Type \_\_\_\_\_

**Gender**

- Female     Male

**ALL APPLICANTS: ANSWER ALL QUESTIONS**

- Do you have a high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have a college degree? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate College/University: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_
- **Have you ever enrolled for credit courses at ANY campus of the University of Colorado (including Continuing Education/Extended Studies)?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, at which campus? \_\_\_\_\_
- If you are a male born after December 31, 1959, the following selective service question must be answered to comply with Colorado state law: Are you registered with the U.S. Selective Service? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you been admitted to a program in the UCDHSC School of Education? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which program? \_\_\_\_\_

CHECK TO ADD	COURSE TITLE	COURSE PREFIX/ COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	INSTRUCTOR'S NAME	TUITION
		TED 5000			Jay Wissot	Tuition will be paid by Colorado Consulting

I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that admission to the University of Colorado as a non-degree student does not guarantee eligibility for regular degree status. If these charges are not covered by a grant or scholarship, I understand that I am responsible for these tuition fees.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed registration forms should be collected by the Colorado Consulting and mailed to: UCDHSC School of Education & Human Development; Continuing and Professional Education; CB 106; P.O. Box 173364; Denver, CO 80217-3364. For questions, contact the Division of Continuing and Professional Education by phone: 303-556-6030; fax 303-556-6060; or email: [cpe@cudenver.edu](mailto:cpe@cudenver.edu)

