

# NURSING ASSISTANT: TRAIN THE TRAINER

A state-approved, two-day seminar required for instructors and program coordinators of THCA's nursing assistant training program

**WHEN & WHERE**      **SEPTEMBER 18-19, 2014 — NASHVILLE**

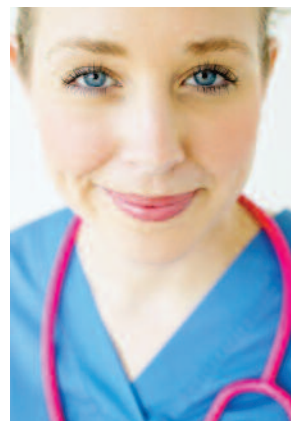
**WHAT'S IT ALL ABOUT?**      "Nursing Assistant: Train the Trainer" meets federal regulations that require nursing assistant trainers to learn adult-education methodologies to operate facility-based nursing assistant training (NAT) programs. Learn effective teaching strategies for educating adults, increase your knowledge of regulations, and improve your CNA staff by learning from our expert presenters.

**SEMINAR FACULTY**

**Bill Halbert, Ph.D.**, is an expert in relationship management and leadership development. He is a noted educator, speaker and business consultant, and he leads The Halbert Company, based in Nashville. Halbert has four degrees and nearly 40 years of experience in education and training.

**Juanita Honeycutt, NHA**, has more than 30 years of experience as a CNA, LPN, director of nursing and administrator in long-term care. She has served as a trainer for several large corporations and has taught THCA's CNA courses for many years.

**Wanda King**, nurse aide training program manager with the Division of Health Care Facilities of the Tennessee Department of Health (TDH), will be on hand to discuss the rules and regulations that every CNA training instructor and coordinator should know.



**SEMINAR AGENDA**

**Day 1: Effective Teaching Methods**

- Develop skills needed to be a successful instructor to adult students
- Define and teach objectives
- Understand levels of learning
- Evaluate results
- Make sure information is retained

**Day 2: Regulations and requirements**

- Federal regulations for program content
- Requirements for Tennessee's NAT program

**WHO SHOULD ATTEND?**

Primary instructors of THCA's NAT program should attend the entire two-day program. Coordinators of THCA's NAT program who have not attended this seminar should attend at least the second day, which will provide specific information about the program. THCA offers a lower registration fee for second-day-only attendance.

---

## REGISTRATION INFORMATION

### DATES AND LOCATIONS:

#### Sept. 18-19, 2014 - Nashville

One Century Place Conference Center  
26 Century Blvd. • Nashville, TN 37214 • (615) 872-6400  
One Century Place does not offer lodging. Please contact the nearby  
Comfort Suites Airport/Opry Mills, 2521 Elm Hill Pike, at  
(615)391-3919 for a THCA room rate of \$95/night plus tax for a king  
bed. Be sure to mention the THCA rate when making reservations.

**Registration:** 8-8:30 a.m. both days

**Seminar:** 8:30 a.m.-4:30 p.m. both days

**Early fees:** Members: \$450 per person for both days/\$300  
per person, second day only  
Prospective members: \$900 per person both  
days/\$600 per person, second day only

**Walk-in fees:** Members: \$600 per person both days/\$440 per  
person, second day only  
Prospective members: \$1,600 per person for both  
days/\$1,200 per person, second day only

### Early registration

**deadline/late fees:** Sept. 5, 2014 (add \$20 per person for  
registrations postmarked or fax-dated after this  
date)

**Credit:** Six hours non-administrator credit per day

**To register:** Complete the form below, detach and mail to  
THCA, P.O. Box 100129, Nashville, TN,  
37224-0129, or fax to (615) 834-2502

## CANCELLATIONS AND REFUNDS

THCA reserves the right to cancel any seminar and will make a full refund to registrants in the event of a cancellation. THCA understands that registrants cannot always attend seminars as planned. Therefore, substitutions may be made at any time. If cancellation of a registration is necessary and is received by THCA at least 48 hours before the seminar, a full refund will be made; less than 48 hours, a 50 percent refund will be made. Those who cancel less than 48 hours prior to the seminar and have not paid will be invoiced for 50 percent of the fee. All cancellations must be in writing. Cancellations may be mailed or faxed to the THCA office at (615) 834-2502. Registrants who do not attend and who do not cancel will be invoiced for the full seminar fee.

## CONTINUING EDUCATION POLICY

THCA education program participants must attend the entire scheduled seminar to receive credit. No partial credit can be given for late arrivals or early departures. Any participant with knowledge of abuse or misuse of the attendance policy should contact THCA or the staff member present and request a form to report the incident. THCA will only accept attendance certificates that are completed and collected onsite at the conclusion of the seminar.

## NOTE TO ATTENDEES

Business casual attire is recommended. Room temperature in large meeting spaces is often difficult to control. Please dress appropriately by carrying a light jacket or sweater. If you have special needs (disabilities or dietary restrictions) that require attention in order to attend this event, please notify THCA at least seven days prior to the seminar date.

Visit [www.thca.org](http://www.thca.org) for travel directions.



Look for the Tennessee Health Care Association/Tennessee Center for Assisted Living on Facebook, Twitter and YouTube.



## REGISTRATION FORM | Nursing Assistant: Train the Trainer

SEPT. 18-19, NASHVILLE

BOTH DAYS

SECOND DAY ONLY

Name \_\_\_\_\_

Facility \_\_\_\_\_

Name \_\_\_\_\_

Facility or administrator e-mail \_\_\_\_\_

Name \_\_\_\_\_

Person completing form \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## CHOOSE YOUR METHOD OF PAYMENT

VALUE+PLUS EDUCATION check must be received before the seminar.

Check. If check does not accompany registration, please indicate the date of payment. This should be before the seminar date.

MasterCard  Visa  American Express

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|--|--|--|--|--|
|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |  |  |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Exp. date

Cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

Cardholder's mailing address (where credit card bill is received) \_\_\_\_\_

**MAIL REGISTRATION TO:** THCA, P.O. Box 100129, Nashville, TN, 37224-0129, or fax to (615) 834-2502