

EDUCATION SEMINARS

PRINCIPLES OF LONG-TERM CARE FOR DIRECTORS OF NURSING

WHEN & WHERE

JUNE 17-18, 2014 — BRENTWOOD

WHAT'S IT ALL ABOUT?

"Principles of Long-term Care for Directors of Nursing" is designed to help prepare participants for their roles in nursing homes. Solid leadership skills for nursing staff is needed now more than ever, and the faculty for this seminar will show participants how to tackle their new positions with confidence.

SEMINAR FACULTY Kay Wilkes, RN, has 30 years of clinical experience in acute and long-term care. Her focus for consultation and speaking is "working smarter not harder" while having fun in the workplace. Her expertise in survey compliance, crisis management, customer re-



lations, staff retention/training and quality assurance are recognized throughout the long-term care profession. She manages her own consulting company, providing practical solutions for long-term care.

SEMINAR AGENDA

Day 1

- Personalities in the workplace
- Staff training, competency and evaluation
- Quality assessment, assurance and improvement

Day 2

- Regulation and litigation
- Flags, tags and corrections
- Programs and documentation
- Customer service and policies
- Closing and credentials

WHO SHOULD ATTEND? All directors of nursing (DON) who have been working at least six months to one year in long-term care as a DON.

REGISTRATION INFORMATION

DATES AND LOCATION:

June 17-18, 2014 - Brentwood

TSCPA Meeting Center

201 Powell Place • Brentwood, TN 37027 • (615) 377-3825 The TSCPA Meeting Center does not offer lodging. Attendees must make their own arrangements at area hotels.

Registration:	8-8:30 a.m. both days
Seminar:	8:30 a.m4:30 p.m. both days
Early fees:	\$270 per member/\$540 per prospective member
Walk-in fees:	\$340 per member/\$680 per prospective member
Early registration	June 3, 2014 (add \$20 per person for registra-
deadline/late fees:	tions postmarked or fax-dated after this date)
Credit:	12 hours non-administrator credit (Participants must attend both days to receive full credit. Course design prohibits partial course credit.)
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** for travel directions.



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

REGISTRATION FORM Principles of Long-term Care for Directors of Nursing

JUNE 17-18, BRENTWOOD

Name	Facility	
	Facility or administrator e-mail	
Name	Person completing form	
Name	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		
<u> </u>			
1	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Exp. date		
Carc	dholder's name Signature		
Cardholder's mailing address (where credit card bill is received)			

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