

THE LICENSE EXAM REVIEW COURSE

**Increase your chances for success on the
National Nursing Home Administration Licensure Exam**

WHEN & WHERE

JULY 13-14, 2022 — BRENTWOOD

WHAT'S IT ALL ABOUT?

This two-day seminar will provide participants with:

- A comprehensive review of the major sections of the exam
- Strategies on how to make higher exam scores
- Pre-test format discussions and a practice exam
- Expert analysis of proven test-taking methods

Domains of practice to be covered:

- Patient care and quality of life
- Human resources
- Finance
- Physical environment and atmosphere
- Leadership and management



SEMINAR PRESENTER

Dr. Allison Pierce is a faculty member at Lee University in Cleveland, Tennessee. Prior to this, she was a division president for Sava Senior Care and the senior vice president for people development with Life Care Centers of America.

WHO SHOULD ATTEND?

AITs and other individuals who are preparing for the National Nursing Home Administration Licensure Exam.

**THCA requires a minimum number of registered participants to offer this course.
The cutoff date for early registration is July 1, 2022.**

REGISTRATION INFORMATION

DATE AND TIME:

July 13-14, 2022 – Brentwood

THCA Meeting Center, 5120 Virginia Way, Lower Level
Brentwood, TN 37027 • (615) 834-6520

Lodging: Please contact the Simply Sonesta Suites, 5129 Virginia Way, Brentwood, by emailing Gil Pollard at Gil.Pollard@sonesta.com or call him at (615) 309-0600. You are strongly encouraged to make reservations as soon as possible. If Sonesta Suites is full, there are several other hotels nearby.

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

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

Early fees: \$800 by July 1, 2022.
After July 1, the cost is \$900.

Credit: No CEUs are offered for this course

To register: Complete the form below, detach and mail with payment to:

THCA
P.O. Box 440548
Nashville, TN 37244-0548
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 a registration cancellation 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 and may be faxed to THCA at (615) 834-2502. Registrants who do not attend and do not cancel will be invoiced for the full 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 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 to attend this event, please notify THCA at least seven days before the seminar. Visit www.thca.org for travel directions.



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



REGISTRATION FORM | The License Exam Review Course

JULY 13-14, BRENTWOOD

Facility _____ Person completing form _____

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

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 440548, Nashville, TN, 37244-0548, or fax to (615) 834-2502