



# CNA Workshop

## Dementia Care in the Long-Term Care Setting: A Model for Well-Being

*Presented by Angela Norman, DNP, GNP, ACNP  
Associate Director, Reynolds Institute on Aging, Centers on Aging,  
University of Arkansas for Medical Services*

### Who Should Attend:

Direct Care Staff

### Purpose:

To encourage and educate direct care staff to recognize and value the identity of each person living with dementia based on the domains of well-being.

### Objectives:

1. How to communicate and interact with residents living with dementia before, during, and after care.
2. How to understand the Critical Element Pathways as they apply to direct care staff.
3. How to understand person-centered care plans for residents with dementia.

### Continuing Education Information:

CEUs will not be provided.

For more information, please contact  
the Association at 501-374-4422 or  
[registration@arhealthcare.com](mailto:registration@arhealthcare.com).

### Thursday, June 21, 2018

Butterfield Trail Village  
Performance Hall

1923 E. Joyce Blvd., **Fayetteville**, AR 72703

*(Attendees will be emailed a map with instructions for parking  
and shuttle services to and from the Performance Hall.)*

### Tuesday, June 26, 2018

First Baptist Church Child Learning Center  
300 W. Main St., **El Dorado**, AR 71730

### Wednesday, June 27, 2018

Arkansas State University Reynolds Center  
Room 222

2501 Danner Ave., **Jonesboro**, AR 72401

*(Visitor parking spaces available in lot adjacent to the  
Reynolds Center or North Parking Deck.)*

### Tuesday, July 10, 2018

Arkansas Foodbank  
4301 W. 65th St.

**Little Rock**, AR 72209

UPDATED  
LOCATION

### Times for all:

Registration begins at 9:30 a.m.  
Training scheduled for 10:00 a.m. – 2:30 p.m.  
Cost: \$30, Lunch Included

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**Please Check One:**

- ☐ **Thursday, June 21, 2018, Fayetteville**
- ☐ **Tuesday, June 26, 2018, El Dorado**
- ☐ **Wednesday, June 27, 2018, Jonesboro**
- ☐ **Tuesday, July 10, 2018, Little Rock**

**Registration begins at 9:30 a.m.**

**Training scheduled for 10:00 a.m. – 2:30 p.m.**

**Cost: \$30, Lunch Included**

**To register, send this completed form to:**

**Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: [registration@arhealthcare.com](mailto:registration@arhealthcare.com).**

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name	M.	Last Name	Last 4 digits of SSN
Home Address		City	State Zip
Cell Phone		Email Address (to receive confirmation, class information, and notifications)	
Employer		Current Title	
Employer's Address		City	State Zip
Attendee's Signature		Date	
PAYMENT TOTAL: \$ _____			
<input type="checkbox"/> Check #: _____ <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express			
Name on Card: _____		Credit Card Number: _____	
Expiration Date: _____		V-Code: _____	
Billing Address: _____			
City: _____		State: _____	Zip: _____
Email Credit Card Receipt to: _____			

**SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.**

**PAYMENT DUE BY TRAINING.**

**CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT TO THE EMAIL ADDRESS PROVIDED.**

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