



Activity Director Certification

**March 7-8 & March 21-22, 2018, or
June 27-28 & July 11-12, 2018, or
October 18-19 & November 1-2, 2018
8:30 a.m. – 4:30 p.m.**

**Members \$600, Non-Members \$3,000
Lunch and Materials Included**

This class is designed to provide the necessary training and required certification for individuals seeking to become Certified Activity Directors in a long term care facility. The course includes 4 full days of classroom instruction held over two sessions of two days each. The course is designed to prepare participants to lead the development, implementation and supervision of activity programs for long term care residents.

Who should attend?

Any individual interested in obtaining a Long Term Care Activity Director Certification in Arkansas

Prerequisites:

- At least 18 years old
- Pay full tuition before class begins
- Attend all scheduled classes

Continuing Education Units:

Continuing Education Units are not offered for the Activity Director Certification. A Certified Activity Director certificate, however, will be given to all participants at the conclusion of the course.

Course Objectives Include:

- Prepare participants to become Certified Activity Directors
- Provide a variety of activity ideas to promote individualized care planning
- Create support network of Activity Directors among facilities in Arkansas

**For more information, please contact the Association at 501-374-4422 or
registration@arhealthcare.com.**

Activity Director Certification



Please Check One:

- March 7-8 & March 21-22, 2018
 June 27-28 & July 11-12, 2018
 October 18-19 & November 1-2, 2018
8:30 a.m. - 4:30 p.m., AHCA Training Room, Suite 175
Members \$600, Non-Members \$3,000
Lunch and Materials 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.

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 _____

Mailing Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email Address (Confirmation and class materials will be sent to this address) _____

Employer _____ Current Title _____

Employer's Address _____ City _____ State _____ Zip _____

License Number (if applicable) _____ Dates of Employment _____

Attendee's Signature _____ Date _____

PAYMENT TOTAL: \$ _____

Check # _____ Visa Master Card 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 FIRST DAY OF CLASS.
CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.**

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