



Director of Nursing (DON) Training

May 22-24, 2018 or October 2-4, 2018

8:30 a.m. – 4:30 p.m.

Members \$350, Non-Members \$1,750

Lunch and Materials Included

The Director of Nursing Training is designed to prepare long term care nurses at all levels of experience for leadership positions within their facility. The program focuses on key areas of effective management and administration, while also emphasizing resident care.

Who should attend?

Any nurse working in long term care who currently holds or wishes to pursue a leadership position

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 Director of Nursing Training. A Certificate of Completion, however, will be given to all participants at the conclusion of the course.

Course Topics Include:

- Role of the Director of Nursing
- Quality Management & Process Improvement
- Teamwork & Communication
- Abuse/Neglect & Incident/Accident Reporting
- Nurse Practice Act
- Human Resources
- Managing Clinical Care
- Survey Process and Enforcement
- Five Star Quality Measures

Primary Instructor:

Tabby Lancaster, RN

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

Director of Nursing (DON) Training



Please Check One:

May 22-24, 2018 **October 2-4, 2018**

8:30 a.m. - 4:30 p.m., AHCA Training Room, Suite 175

Members \$350, Non-Members \$1,750

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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