



Dementia Well-Being Specialist Certification



March 27, 2018

Registration Beginning at 8:30 a.m.

Training from 9:00 a.m. – 5:00 p.m.

Geyer Springs First Baptist Church

12400 I-30, Little Rock, AR 72210

Cost: \$30, Lunch Included

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

Presented by Angie Norman, DNP, GNP, ACNP

*Associate Director, Reynolds Institute on Aging, Centers on Aging,
University of Arkansas for Medical Services*

*Please note:
This is not the
last time that the
Dementia Well-
Being Specialist
Certification will
be presented.
The training
will be offered
regionally in
summer 2018.*

This program was developed to assist in creating and sustaining a culture of person-centered care for those living with dementia in the long-term care setting. The model was designed to encourage long-term care staff to recognize and value the identity of each person living with dementia based on the domains of well-being. The intent of this program is to optimize the well-being of those living with dementia by using a proactive, person-centered approach. This 10-module program will greatly benefit all health care professionals by advancing their knowledge of dementia and increasing awareness of alternate supportive approaches, thereby reducing the need for pharmacological interventions. This model was designed to provide low-cost, less intrusive, and safer alternatives for residents and healthcare providers alike when practiced consistently. This ultimately reduces poor health outcomes, hospital and geriatric-psychiatric admissions, and the cost of dementia care for facilities.

Who Should Attend

Select someone who has leadership potential and has the capacity to effect change in the facility including the Administrator, DON, ADON, Nurse Consultant, and/or Nurse Manager.

Facilities are encouraged to send as many staff members as they would like to receive the Well-Being Specialist Certification.

Attendees will receive the Well-Being Specialist Certification. 7 (seven) CEs are available.

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

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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 _____

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: \$ _____

☐ 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 TRAINING.
CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.**

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