



Activity Director Certification

March 11-13, 2019
Later 2019 dates TBA
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 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 11-13, 2019 Later 2019 dates TBA 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 (Confirma	ation 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: \$				
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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