



Restorative Aide Certification

March 5-7, 2019, or October 8-10, 2019 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 certification for individuals seeking to become a Certified Restorative Nursing Aide in a long term care facility. The course includes two and one half days of classroom instruction followed by one half day of return skill demonstration.

Who should attend?

Experienced Certified Nursing Assistants (CNAs) interested in becoming a Certified Restorative Nurse Aide and developing a more comprehensive, structured and quality Restorative Nursing Program in their long term care facility.

Prerequisites:

- CNA in good standing with OLTC with at least 6 months experience working as a CNA in a long term care facility
- At least 18 years old
- Pay full tuition before class begins
- Attend all scheduled classes
- Receive Passing score on both written exam and return skills demonstration exam

Continuing Education Units:

Continuing Education Units are not offered for the Restorative Aide Certification. A Certified Restorative Aide certificate, however, will be given to all participants who receive a passing score on both written exam and return skills demonstration exam at the conclusion of the course.

Course Objectives Include:

- Demonstrate knowledge and skills gained from written, audio, visual and demonstration presentations by instructors to become a Certified Restorative Nurse Aide
- Identify how an effective Restorative Nursing Program affects quality of care and quality of life for residents in long term care facilities
- Verbalize understanding of the elements to a quality Restorative Nursing Program
- Identify areas to improve upon or expend upon in the facility's current Restorative Nursing Program
- Demonstrate common Restorative Nursing Care modalities through skills demonstration

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

Restorative Aide Certification





Please Check One: March 5-7, 2019 October 8-10, 2019 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	s 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 ☐ Mast	er 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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