



PreLicensure Review & Administrator Refresher Course

August 29-30, 2019 8:30 a.m.- 4:30 p.m. The Victory Building, Suite 445 Members \$20, Non-Members \$100 Lunch is Included

(Please inform AHCA if you require a special meal. Additional fees may apply.)

The purpose of the review course is to help attendees prepare for the nursing home administrators (NAB NHA) licensure exam. Theoretical, philosophical and practical aspects of long term care administration will be discussed. The instructor will review the five (5) Domains of Practice from which the test questions are drawn. Review course materials have been revised and updated to reflect the structure of the current examination.

Licensed Nursing Home Administrators desiring a refresher on the basics and Preceptors who wish to better assist AITs to prepare for the NAB exam are welcome to attend.

Topics Covered:

- Residential Centered Care Management and Quality of Life
- Human Resources
- Financial
- Environmental
- Leadership and Management

Instructor:

Joseph E. Townsend – Joe has taught the Pre Licensure Review Course to help prepare people for the NAB exam since 1990 across the U.S. He is the primary author of The Principles of Health Care Administration, one of the primary texts recommended by the NAB.

Joe has been a licensed nursing home administrator for 28 years, having managed skilled nursing centers and skilled nursing center companies during that time period. Currently he is the President of LTC Innovative Strategies, LLC. and has a M.Ed.

Recommended Textbook:

Joe Townsend's book, Principles of Health Care Administration, is used as a basis for much of the course material dealing with the federal portion of the exam. Textbooks are available through Professional Printing & Publishing (online at www.ppandp.com). ISBN # 978-0-929442-82-2

Please note: the textbook is <u>not</u> included in the registration fee.

Who should attend?

Administrators In Training, Preceptors, Administrators including those who would like a refresher on the basics of nursing home administration.

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
Mailing Address		City	State	Zip
Cell Phone		Email Address (Confirmation	on and class mater	ials 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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