REGISTER TODAY!

CAHCF
Connecticut Association of Health Care Facilities

CAHCF NURSE LEADERSHIP COURSE

A dynamic 6 week course that is geared towards DNS, ADNS, and Supervisors. It will cover a broad range of subject matter that are imperative for NURSE LEADER to have.

Dates: November 15th, December 1st December 14th, January 11th, January 17th and January 25th
Who Should attend: DNS, ADNS, Supervisors
Fee: Member: $850 Non-Member: $1100
Location: CAHCF Office – Middletown, CT
Times: 9:00 a.m. to 4:00 p.m. (Lunch Included)

REGISTER BY: OCTOBER 7th and save $50!!

Contact Hours: A maximum of 33 contact hours can be earned by attending each session in full. CAHCF is currently finalizing some of the speakers for this event, and speakers are subject to change without notice

REGISTRATION LIMITED TO THE FIRST 25 PARTICIPANTS WITH PAID DEPOSITS!

Payment Schedule:

- Deposit of $300 due with registration form prior to October 31, 2016
- Balance due by December 15, 2016 If balance is not paid by then, participant will not be allowed to attend the remaining sessions until we receive payment.

Refunds: Refunds of either the deposit or full payment will not be given UNLESS we can fill their spot prior to November 6, 2016.

Topics to be covered:

- The Role of a Nurse Leader
- Care Plans - Assessment, Plan, Implement, Evaluation
- At Risk Meetings
- Human Resources
- Accidents and Investigations
- Abuse - Prevention, Regulation, Education, & Screening
- Informal Dispute Resolution & Plan of Correction
- Emergency Preparedness
- Managing a Survey
- Drug Diversion -
- Legal Documentation
- Leadership Skills & Conflict Resolution
- MDS, PPS & ICD-10
- Quality Improvement Resources & Tools
- Nurse Leadership: Separating Facts from Myths, Rumors and Innuendos
- Question and Answer Period

Included in the Nurse Leadership course is Murtha Cullina's seminar:
December 1, 2016 - Murtha Cullina Best Practices Seminar: Employment Issues Courtyard By Marriott, Cromwell 9:00 a.m. to 12:00 p.m.

- Top employment issues for Nursing Homes
- ABCMS
- Reconciling the new "Ban the Box" legislation with ABCMS requirement: What does the job application need to look like?
- Managing employee cell phone use during working hours
- Social Media: Are your policies appropriate?

Responding to a CHRO compliant.

CAHCF
Connecticut Association of Health Care Facilities
Connecticut Association Of Health Care Facilities, Inc.
213 Court Street, Suite 202 Middletown, CT 06457
Telephone: 860-290-9424 Fax: 860-290-9478

REGISTRATION and SEMINAR PAYMENT POLICY

2016 Nurse Leadership Course

Please send this registration form to the CAHCF offices no later than **November 6, 2016.**

Registration Fee: **Members: $850** **Non-Members: $1100**

Early Bird Discount: Register by OCTOBER 7TH and SAVE $50

Payment Schedule:
- **Deposit of $300 due with registration form prior to October 31, 2016**
- **Balance due by December 15, 2016 If balance is not paid by then, participant will not be allowed to attend the remaining sessions until we receive payment.**

Refunds: Refunds **will not be given** UNLESS we can fill their spot prior to **November 6, 2016.**

Walk-In Fee: Walk-in registrations are not accepted.

Confirmations: Confirmation letters will be sent via EMAIL to the participants, **it is your responsibility to verify your registration.** If you do not receive a confirmation letter prior to the seminar, you must call to verify your registration.

Unpaid Seminar Balances: Please note that we will be unable to register any employee from a facility with a **prior** unpaid seminar balance. You will receive notification if there is a balance due on your account.

No Show Policy/Substitutions: Your registration is your commitment to attend, if you can't attend a session, please notify CAHCF and send a subsitute person. If a substitution is not sent, all handouts will be given at the next session.

COURSE FEE: Members: $850 **Non-Members: $1100** **____ Early Bird Discount**

Name:_____ **Position:**_____

Email Address: _____

Facility:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Phone:_____ **Fax:**_____

Optional: Credit Card Information: Type: _____ MasterCard _____ Visa _____American Express

Name on Card:

Billing Address if different from facility's:

Card Number:	**Expiration Date:**	**Security Code:**

Signature: _____