

HOME HEALTH ADMINISTRATOR TRAINING COURSE

Fax your completed Registration Form to 512-336-1008

You will receive an **Email confirmation** within one (1) business day.

Seminar Selection Please circle the registration fees	Hrs	Cost	Check/Cash Discount
Part 1 8-hours ~ must be completed prior to designation This course provides information on the licensing standards for an agency; and information on the state and federal laws applicable to an agency, including the Texas Health and Safety Code, Chapter 142, Home and Community Support Services, and Chapter 250, Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly or Persons with Disabilities; the Texas Human Resources Code, Chapter 102, Rights of the Elderly; the Americans with Disabilities Act; the Civil Rights Act of 1991; the Rehabilitation Act of 1993; the Family and Medical Leave Act of 1993; and the Occupational Safety and Health Administration requirements.	8	\$ 134	\$ 129
Part 2 16-hours ~ must be completed within the first year after designation This course provides information regarding fraud and abuse detection and prevention; legal issues regarding advance directives; end of life concerns; client rights, including the right to confidentiality and participation in treatment decisions; patient care and protection; agency responsibilities including corporate compliance, medical ethics and sexual harassment; abuse, neglect and exploitation detection and reporting; infection control; food and nutrition; emergency preparedness planning and implementation; safety in the workplace including fire safety and back safety; HIPAA and OASIS.	16	\$ 275	\$ 265
Total Hours & Registration Fees			

Registration & Payment Information This information is used *exclusively* by CHA Seminars

Name		Referred by TORCH Yes No	
Profession ALM HH/HCSSA LNFA/NHA State & License# _____ Other _____			
Home Address City, State, Zip			
Home Email		Work Email	
Home Phone	Cell Phone	Work Phone	

Debit/Credit Card Authorization	Bank Draft Authorization
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Card Type AmEx Discover MasterCard Visa	Acct Type Checking Ck# _____ Savings Ck# _____
Acct#	Routing#
Exp Date	Security Code
Name on card	Acct Holder
Billing Address	Bank Name
City, State, Zip	City, State, Zip

I authorize CHA Seminars to debit my bank account/charge my debit/credit card for the seminar registration fees above.

Signature _____ Date _____

Remit payment to CHA Seminars at 2514 Stenson Dr, Cedar Park TX 78613

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.