

ASSISTED LIVING MANAGER/ADMINISTRATOR TRAINING COURSE

**** Additional Fees for LNFA/NHA and Nursing Continuing Ed Certificates ****

Fax your completed Registration Form to 512-336-1008

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

Seminar Selection ~ Please place an 'X' in the box next to each seminar OVER the dates you wish to attend.

Dates & Topics					Hrs	Fees	Fees				
ONLY Assisted Living Manager/Administrator Training Course (one certificate)					24	\$ 395					
**** ALM Training Course AND LNFA/NHA 24 CEU hours (two certificates)					24	\$ 498					
HUMAN RESOURCES GENERAL OVERVIEW Complying with ADA requirements, Definition of 'At-Will' Employment, Avoiding Illegal Discrimination, Avoiding Sexual Harassment, FLSA requirements, Understanding the FMLA, How to Identify Substance Abuse and How to Prevent Company Lawsuits					Jan 10	Feb 7	Mar 6	Apr 10	8	\$ 175	
RESIDENT CHARACTERISTICS & MANAGEMENT CONCEPTS Basic Financial Concepts, Ethics in the Workplace, Identify Community Resource and Customer Service from the Top down; Learn how to assess the characteristics of residents in long-term care facilities. Some of these characteristics are Alzheimer's, arthritis, congestive heart failure, dementia and stroke.					Jan 11	Feb 8	Mar 7	Apr 11	8	\$ 175	
TEXAS LICENSING STANDARDS FOR ASSISTED LIVING FACILITIES HANDBOOK Review the Standards that apply to the day-to-day operations of an assisted living facility.					Jan 12	Feb 9	Mar 8	Apr 12	8	\$ 175	
TOTAL Registration Fees											

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

Name						Birthday		
License #, State, Type & Renewal Date			2 nd License #, State, Type & Renewal Date			3 rd License #, State, Type & Renewal Date		
Home Address								
Home Email				Work Email				
Home Phone			Cell Phone			Work Phone		
Bank Draft Authorization				Credit/Debit Card Authorization Note: If you'd like to pay by credit card, add 4% to your amount				
Acct Type	Checking	Savings	Ck#	Card Type	AmEx	Discover	MasterCard	Visa
Acct#				Acct#				
Routing Transit#				Exp Date		3or4 Digit Code		
Acct Holder Name				Card Holder Name				
Bank/Credit Union Name				Billing Address				
City, State, Zip				City, State, Zip				
I authorize CHA Seminars to debit my bank account/charge my credit card for the seminar registration fees above.								
Signature						Date		
Mail your check made payable to "CHA Seminars" to 2514 Stenson Dr, Cedar Park TX 78613								