

ALA2-W
NEBRASKA HEALTH CARE LEARNING CENTER
NEBRASKA ASSISTED LIVING ASSOCIATION
3900 NW 12th St Ste 100
Lincoln NE 68521-3037

ASSISTED LIVING ADMINISTRATOR TRAINING

Appropriate for Initial and Refresher Training



Section 2: August 12-13, 2010
Section 3: November 16-17, 2010

Vetter Learning Center, NALA office
3900 Northwest 12th Street, Suite 100 • Lincoln, Nebraska 68521 • Phone: (402) 435-3551

Section 2 Sponsored by Nebraska Public Agency Investment Trust (NPAIT)

***A training program for the NEBRASKA ASSISTED LIVING ASSOCIATION
offered through the NEBRASKA HEALTH CARE LEARNING CENTER***

NHC-LC



ASSISTED LIVING ADMINISTRATOR TRAINING

SCHEDULE

Section 2 — August 12-13, 2010

August 12: 9:30 am Registration

10:00 am - 5:00 pm

- Resident Rights, Grievances, Customer Satisfaction, and Quality Improvement
- Plan of Services and Support/Aged and Disabled Waiver
- Abuse and Neglect Reporting Requirements

August 13

8:00 am - 3:30 pm

- Gerontology/Aging
- Nutrition and Food Code
- Care and Services—Nursing Consultant, Medication Aide, Complex Nursing

Section 3 — November 16-17, 2010

November 16: 9:30 am Registration

10:00 am - 5:00 pm

- Marketing
- Activities
- Resident Care
- Transition Issue Related to Changes in Resident Condition
- Fire Safety and Life Safety Code

November 17

8:00 am - 3:30 pm

- Inspections
- Workers' Compensation
- Insurance—Liability
- Occupational Safety and Health Administration (OSHA)

LEAD INSTRUCTOR/FACILITATOR

Connie Wagner, R.N.

Director of Education, NHCA/NALA, Lincoln, Nebraska

Please bring a sweater or jacket to ensure your comfort in the classroom.

OVERVIEW

The assisted living administrator training consists of 36 actual classroom hours. The classroom content will cover topics generic to all administrators in assisted living.

OBJECTIVES

This program will meet the requirements of Nebraska Health and Human Services for assisted living administrator training. A wide range of information will be covered including administration, financial management, resident care and services, social services, gerontology, and rules and regulations and standards of operation relating to the operation of an assisted living facility.

At the completion of all three sections of the assisted living administrator training, the participant will be able to:

1. Identify the roles and responsibilities of the administrator in managing the operation of the facility;
2. Discuss the philosophy and principles of assisted living;
3. Describe the responsibilities for an administrator related to the financial aspects of the facility;
4. Develop a system for identifying a resident's needs and incorporating them into the Resident Service Agreement;
5. Relate the provision of services to a resident with changing needs;
6. Describe the normal aging process in relation to care and services; and
7. Review the rules and regulations and standards of operation related to the assisted living facility.

WHO SHOULD ATTEND

This training is designed for any individual in an administrator/director/manager position in an assisted living facility.

This program has been approved by the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit, and complies with 175 NAC 4-006.02A per 175 NAC 4-006.02C for the initial administrator training requirements.

REQUIREMENTS FOR DHHS

Successful completion of the assisted living administrator training will be based on attendance at all 36 hours of classroom instruction. The participant must be at least 21 years of age.

CONTINUING EDUCATION CREDIT

This training is appropriate for the educational requirement for assisted living administrators. This education program meets the continuing competency requirements of up to 36 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. Participants must stay in the education program the entire time to receive full credit. Assisted living administrators may attend a section of the training as a refresher and receive 12 hours of continuing education credit.

COLLEGE CREDIT

Training may be taken as credit or non-credit. The Nebraska Health Care Learning Center will award 3.6 hours of college credit upon successful completion of 36 hours of classroom instruction. See the Nebraska Health Care Learning Center Catalog (Date published: May 2009) for credit requirements. View and/or print this catalog from the Nebraska Health Care Association Web site.

NHCA Web site: www.nehca.org/nhclc/studentinfo.htm



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ASSISTED LIVING ADMINISTRATOR TRAINING

NEBRASKA HEALTH CARE LEARNING CENTER POLICIES

The Nebraska Health Care Learning Center policies regarding admission, withdrawal, attendance, grades, transcripts, and refunds are located in the Nebraska Health Care Learning Center Catalog (Date published: May 2009). View and/or print this catalog from the Nebraska Health Care Association Web site. NHCA Web site: www.nehca.org/nhclc/studentinfo.htm

REGISTRATION INFORMATION

WRITTEN PRE-REGISTRATION IS REQUIRED.

No phone registrations will be accepted.

Register by mail, fax, or online! Payment for tuition and fees must be included with the registration/enrollment form. (NHC-LC cannot bill for this registration.)

To register by mail or fax:
Use the attached Registration/Enrollment Form

To register online, go to this Web site: www.nehca.org

A confirmation letter will be sent and is required for admission.

TUITION AND FEES

for the Six-Day (Three-Section)

Assisted Living Administrator Training Program

- ▶ **Members (NALA, NHCA, and LPNAN) for All 6 Days:**
 - Tuition\$180.00
 - Fees.....\$240.00
 - Total Member Tuition and Fees (per person)\$420.00**
 - Make-up Day, Member (cost per day)\$45.00**
- ▷ **Members (NALA, NHCA, and LPNAN) for Section 2 Only:**
Section 2 Only—Member Tuition/Fees (per person).....\$175.00
- ▶ **Non-members for All 6 Days:**
 - Tuition.....\$180.00
 - Fees.....\$620.00
 - Total Non-member Tuition and Fees (per person)\$800.00**
 - Make-up Day, Non-Member (cost per day)\$45.00**
- ▷ **Non-members for Section 2 Only:**
Section 2 Only—Non-member Tuition/Fees (per person).....\$350.00

Payment must be included with registration.

The tuition and fees payment includes lunch, breaks, and handouts for all six days.

Rates apply whether or not the participant elects college credit.

Refer to the Absentee/Make-up Policy in the Nebraska Health Care Learning Center Catalog.

A flyer will be available in October to register for Section 3.

REFUND POLICIES

Students who withdraw from courses may receive a prorated tuition refund. Refunds shall be mailed within 30 days of official request. If the official request occurs within 72 hours of registration/enrollment, a full refund is appropriate. The request must be in writing and be postmarked within 72 hours of registration/enrollment. If official request occurs after 72 hours of registration/enrollment but before classes have begun, a \$150 registration fee is NOT refundable and all remaining tuition and fees will be refunded. After classes have begun, a \$150 registration fee is NOT refundable and remaining tuition and fees will be refunded as follows:

Day 1—50% refund of tuition and fees over \$150

Day 2—25% refund of tuition and fees over \$150

Day 3—no refund of tuition and fees

After classes have begun, costs associated with course materials are nonrefundable.

TAPING - CELLULAR PHONES - PAGERS

Material presented at this training is the property of the speakers or Nebraska Health Care Association/Nebraska Assisted Living Association. Therefore, taping of the training is not allowed. We ask that all cellular phones and pagers be turned off during training sessions.

TAX DEDUCTION FOR EDUCATIONAL EXPENSES

A tax deduction for educational expenses is permitted for registration fees, cost of travel, meals, and lodging undertaken to (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

HOTEL ROOM BLOCK

Ask for the Nebraska Assisted Living Association Group Rate!

COUNTRY INN & SUITES

5353 North 27th Street, Lincoln, Nebraska 68521

Phone: (402) 476-5353 or (800) 456-4000

Rate: \$74 per night • Release date: July 15, 2010

SLEEP INN

3400 Northwest 12th Street, Lincoln, Nebraska 68521

Phone: (402) 475-1550 or (888) 844-7533

Rate: \$55 per night • Release date: July 15, 2010

HAMPTON INN

1301 West Bond Circle, Lincoln, Nebraska 68521

Phone: (402) 474-2080 or (888) 844-7533

Rate: \$70 per night • Release date: July 15, 2010

STAYBRIDGE SUITES

2701 Fletcher Avenue, Lincoln, Nebraska 68504

Phone: 402-438-7829

Rate: \$70 per night (studio suite) • Release date: July 15, 2010



If a registrant has a disability that requires special needs, attach a written description of the needs to the registration form.

If a registrant wishes a vegetarian meal or has other dietary restrictions, make a notation on the registration form.



A training program for the Nebraska Assisted Living Association offered through the Nebraska Health Care Learning Center





Nebraska Health Care Learning Center

Registration/Enrollment Form — Assisted Living Administrator Training

Date: August 12-13, 2010; and November 16-17, 2010

Location: Lincoln NE

Payment for tuition and fees must be included with this registration/enrollment form. Make a copy of this form for your records.

To register/enroll by mail: Complete this registration/enrollment form, include payment (use any of the payment methods listed below), and mail to: Nebraska Health Care Learning Center, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037.

To register/enroll by fax: You must pay by credit card in order to register/enroll by fax. Complete this registration/enrollment form, check "Credit Card" as payment method, complete credit card information, and fax the completed form to (402) 475-6289.

A student's Social Security number is required as a condition of enrollment. A student's Social Security number constitutes an "educational record" under the Federal Educational Rights and Privacy Act (FERPA). That information will be disclosed only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

PLEASE PRINT

Social Security Number: _____

Student Name (Last): _____ (First): _____ (MI): _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone (Day): _____ (Evening): _____

E-mail Address: _____

Birth Date: ____/____/____ Gender: M F

Race (used for statistical purposes only):

- | | | |
|---|---|--|
| <input type="checkbox"/> Asian/Pacific Island | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Other |

Veteran Status or Dependant Using Military Benefits: Yes No

Resident Status: Resident of Nebraska Non-resident of Nebraska

Course Number: **100**

Course Title: **Assisted Living Administrator Training**

Credit: **3.6 Quarter Credits**

Tuition and Fees for 6-Day Training: Member—\$420 Non-member—\$800

Tuition and Fees for Section 2 Only: Member—\$175 Non-member—\$350

Make-Up Day(s) — \$45/Day — Circle Day(s): 1 2 3 4 5 6

If paying "Member" tuition and fees through a facility membership, provide facility name and city:

Facility Name: _____ City: _____

Check One Box (For Credit or Not For Credit):

- For Credit (If requesting credit hours, must have high school transcript or equivalent on file with the Learning Center)
- Not For Credit

**Payment must be included.
We are unable to bill.**

Billing Information: Check Cash Credit Card Money Order

If payment is by credit card, complete the credit card information in this box: ↴

Make checks and money orders payable to:

Nebraska Health Care Learning Center
3900 Northwest 12th Street, Suite 100
Lincoln, Nebraska 68521-3037
Phone: (402) 435-3551
Fax: (402) 475-6289

Cardholder's Name (PRINT): _____

Credit Card #: _____ Security Code # (back of card): _____

Expiration Date: _____

Cardholder's Billing Address, City, State, Zip: _____

Signature: _____

Your signature on the line above will authorize this transaction. ↑

Submission of this form indicates that I understand the following: My registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed. Should I officially drop, withdraw, or cancel, any refund in tuition will be determined by the date I submit my request to the Learning Center. Failure to attend does not constitute an official drop/withdrawal. The personal information is correct as shown; changes in the personal information must include the appropriate documentation. Students enrolling in courses through the Nebraska Health Care Learning Center consent to being photographed and videotaped during educational sessions for the possible inclusion in educational materials published by the Learning Center, NHCF, NHCA, and NALA. It is the policy of the Nebraska Health Care Learning Center to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, gender, religion, national origin, or disability. Inquiries concerning the Nebraska Health Care Learning Center policies on equal opportunity and nondiscrimination should be directed to the Director of LTCWIN, 3900 Northwest 12th Street, Suite 100, Lincoln, Nebraska 68521, Phone: (402) 435-3551, Fax: (402) 475-6289, or E-mail: septembers@nehca.org.

Signature: _____

Date: _____

CODE: ALA2-W