

DIRECTOR OF NURSING TRAINING



**February 23, 24, 25, 26 and
March 24, 25, 26, 2010**

Lincoln, Nebraska

Vetter Learning Center located in the NHCA office
3900 Northwest 12th Street, Suite 100
Lincoln, Nebraska 68521-3037
(402) 435-3551

*Day 1, February 23, Sponsored by Northwest Respiratory Services
Day 2, February 24, Sponsored by EZ Way, Inc.*

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

NHC-LC



DIRECTOR OF NURSING TRAINING

Program Description

This program offers the Director of Nursing and/or the Assistant Director of Nursing in a nursing facility vital information related to their role. Topics and critical issues include understanding the role; leadership and management training; problem solving; and staffing issues including levels of staffing, requirements, and teamwork. Documentation, regulations, and survey are also included. Classroom attendance is required.

Additional requirements:

- Must have a current active nursing license.
- Must be currently practicing nursing in a nursing facility.

Program Objectives

At the completion of the Director of Nursing training, the participant will be able to:

1. Identify responsibilities required for the role of Director of Nursing;
2. Identify areas of development that are essential for success as a Director of Nursing; and
3. Develop skills of the nurse manager to administer the nursing department.

Who Should Attend

This seven-day program is designed specifically for Directors of Nursing and Assistant Directors of Nursing in **nursing facilities**.

Continuing Education Credit

This program meets the criteria of Nebraska Health and Human Services, Credentialing Division, for 36 hours of continuing education.

COLLEGE CREDIT

Training may be taken as credit or non-credit. The Nebraska Health Care Learning Center will award 3.5 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

Program Content

**Registration on Day One
1:00 p.m. to 1:30 p.m.**

Aging

Physiological
Mental
Psychosocial
Spiritual

Administrative

Role and Responsibilities
Communication
Group Process
Leadership vs. Management
Documentation and Record Management
Discrimination
Care vs. Payer Source

Human Resource Management

Development of Self and Staff
Problem Solving
Staffing
Generational Challenges
Hire and Fire Practice
Discipline

Regulations

Nursing Assistant
Medication Aide
Paid Dining Assistant
Abuse Registry
Medicaid
Nursing Facility—State vs. Federal
Licensure vs. Certification
Senior Care Options
Preadmission Screening—PASRP
Survey Process
Scope of Practice

Resource and References

OSHA
CDC
Department of Labor

Lead Instructor/

Facilitator

Connie Wagner, R.N.
Nebraska Health Care Association
Lincoln, Nebraska

Hotel Room Blocks

For the 2010 Director of Nursing Training, a block of sleeping rooms is available for the nights of February 22, 23, 24, and 25 and for the nights of March 23, 24, and 25 at:

Sleep Inn

3400 Northwest 12th Street, Lincoln NE
Phone: (402) 475-1550
Rate: \$55 per night

Hampton Inn

1301 West Bond Circle, Lincoln NE
Phone: (402) 474-2080
Rate: \$70 per night

Staybridge Suites

2701 Fletcher Avenue, Lincoln NE
Phone: (402) 438-7829
Rate: \$70 per night for a studio suite

Country Inn and Suites

5353 North 27th Street, Lincoln NE
Phone: (402) 476-5353
Rate: \$74 per night

The release dates are
February 3 for the February room block
and March 3 for the March room block.

All motels include a deluxe continental breakfast. Please call the motel to make your reservations as soon as possible for both weeks.

PLEASE NOTE:

All training program participants are to bring a 3-inch 3-ring notebook to the program on Day 1.

Casual Dress for All Days!

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



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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

REGISTRATION INFORMATION

LIMITED REGISTRATION!

Online Registration is Available!
www.nehca.org

WRITTEN PRE-REGISTRATION IS REQUIRED. Register by mail, fax, or online. No phone registrations will be accepted. Payment for tuition and fees must be included with the registration/enrollment form. **A confirmation letter will be sent and is required for admission!**

REGISTRATION IS LIMITED to the first 55 registrants. This limitation has been imposed to assure that participants have the opportunity for meaningful exchange with faculty.

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.

ABSENTEE/MAKE-UP POLICY

In order to receive credit, participants must attend all seven days of the training. If a day is missed, it must be made up by attending that day the next time the training is offered. It is the responsibility of the participant to make registration arrangements for make-up days. There will be a \$45 charge for each make-up day.

TUITION AND FEES

for the Seven-Day
Director of Nursing Training Program

Members of NALA, NHCA, and LPNAN—For All 7 Days:

Tuition (member): \$175

Fees (member): \$123

Total Member Tuition and Fees

per person\$298.00

Make-up Day, Member \$45.00 per day

Non-members—For All 7 Days:

Tuition (non-member): ... \$175

Fees (non-member): \$434

Total Non-member Tuition and Fees

per person\$609.00

Make-up Day, Non-member \$45.00 per day

⇒ **Payment for tuition and fees must be included with the registration/enrollment form.**

⇒ **The tuition and fees payment includes lunch, breaks, and handouts for all seven days.**

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

⇒ **Rates apply whether or not the participant elects college credit.**

⇒ **Refer to the Absentee/Make-up Policy.**



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

TAPING - CELLULAR PHONES - PAGERS

Material presented at this training is the property of the speakers or Nebraska Health Care 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.



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Nebraska Health Care Learning Center

Registration/Enrollment Form — Director of Nursing Training

Date: February 23, 24, 25, 26, and March 24, 25, 26, 2010

Location: Lincoln, Nebraska

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):

- Asian/Pacific Island
- Black/African American
- Hispanic/Latino
- Native American
- White/Non-Hispanic
- Other

Veteran Status or Dependant Using Military Benefits: Yes No

Resident Status: Resident of Nebraska Non-resident of Nebraska

Course Number: **87**

Course Title: **Director of Nursing Training**

Credit: **3.5 Quarter Credits**

Tuition and Fees: Member-\$298 Non-member-\$609

Make-Up Day(s) — \$45/Day — Circle Day(s): 1 2 3 4 5 6 7

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
E-mail: nhclc@nehca.org

Cardholder's Name (PRINT): _____
Credit 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: september@nehca.org.

Signature: _____

Date: _____