

ORDER FORM — NHCA/NALA PRODUCTS CATALOG — MAY 2010

3900 NW 12th St Ste 100, Lincoln NE 68521 • Phone: (402) 435-3551 • Fax: (402) 475-6289 • www.nehca.org

Qty.	Item Description	Members	Non-Member	Total
EDUCATIONAL TRAINING MATERIALS:				
_____	Basic Nursing Assistant Training - Student Manual	\$38.00	\$57.00	\$ _____
_____	Basic Nursing Assistant Training - Instructor Manual	62.00	93.00	\$ _____
_____	Basic Nursing Assistant Pin	3.50		\$ _____
_____	Diabetes Inservice for Direct Care Staff	37.50	75.00	\$ _____
_____	Mandatory Inservices Training Modules for Nursing Facilities	44.95	90.00	\$ _____
<u>Revised in 2010! Medication Aide Training:</u>				
_____	Medication Aide Training - Student Manual	29.00	58.00	\$ _____
_____	Medication Aide Training - Instructor Guide	60.00	90.00	\$ _____
_____	Medication Aide Pin	4.50		\$ _____
_____	Paid Dining Assistant Training (2004) - Student Manual	16.00	32.00	\$ _____
_____	Paid Dining Assistant Training (2004) - Instructor Guide	22.50	45.00	\$ _____
_____	Palliative Care in Long Term Care - Direct Care Staff Manual ..	44.95	59.95	\$ _____
_____	Palliative Care in Long Term Care - Professional Manual	69.95	94.95	\$ _____
<u>Effective Resident Care Series:</u>				
_____	Difficult Behaviors - Instructor Manual	25.00	37.50	\$ _____
_____	Difficult Behaviors - Student Manual (pkg of 5)	20.00	30.00	\$ _____
_____	Challenging Behavior Management	30.00	45.00	\$ _____
_____	Start-Up Package (Difficult Behaviors)	65.00	97.50	\$ _____
_____	Abuse Prevention - Instructor Manual	25.00	37.50	\$ _____
_____	Abuse Prevention - Student Manual (pkg of 5)	20.00	30.00	\$ _____
_____	Abuse Prohibition Program	30.00	45.00	\$ _____
_____	Start-Up Package (Abuse Program)	65.00	97.50	\$ _____
ACTIVITIES PRODUCTS:				
<u>SCS Training Manuals</u> (Purchase each SCS manual for \$25; purchase 2 for \$45; purchase 3 for \$65. For 2 or more manuals, the discounted price is not listed below, but <u>will be reflected</u> on your invoice.):				
_____	The Healthcare Professional's Guide to Effective Documentation of Services in Long Term Care	25.00	25.00	\$ _____
_____	Communicating Quality of Life Principles to Staff and Families	25.00	25.00	\$ _____
_____	The Healthcare Professional's Guide to Providing Services to the Low-Functioning Resident	25.00	25.00	\$ _____
ADMINISTRATIVE MANUALS:				
_____	2010 NHCA Wage Survey (Available July 2010)	\$150.00	\$300.00	\$ _____
_____	Bloodborne Pathogens and Related Issues Guide	31.95	43.95	\$ _____
_____	How to Have a Successful Nursing Home Survey	20.00	30.00	\$ _____

Qty.	Item Description	Members	Non-Member	Total
ADMINISTRATIVE MANUALS, continued:				
<u>LTC Survey Process Manual</u> (January 2010)				
_____	3-Volume Set (Book 1, 2, and 3) (January 2010)	84.95	169.90	\$ _____
_____	Book 1 (January 2010)	32.95	65.90	\$ _____
_____	Book 2 (January 2010)	32.95	65.90	\$ _____
_____	Book 3 (January 2010)	32.95	65.90	\$ _____
_____	2010 LTC Survey Updates	10.00	15.00	\$ _____
_____	RAI—Long Term Care Resident Assessment Instrument User's Manual for MDS Version 3.0 (2010)	49.95	75.00	\$ _____
_____	RAI—Long Term Care Resident Assessment Instrument User's Manual for MDS Version 2.0 (2009)	49.95	75.00	\$ _____
ADMINISTRATIVE FORMS/POSTERS:				
_____	Advance Directives (Standard Print) (pkg of 25)	22.00	34.00	\$ _____
_____	Advance Directives (LARGE PRINT) (pkg of 25)	22.00	34.00	\$ _____
_____	Long Term Care in Nebraska: Nursing Homes and Assisted Living Facilities (pkg of 25)	5.00	5.00	\$ _____
_____	Medication Confirmation (50 sets per pad)	7.50	10.00	\$ _____
_____	Nursing Facilities Forms and Tools	99.00	149.00	\$ _____
_____	Resident Rights for Nursing Facilities (Standard Print) (pkg of 25)	22.00	34.00	\$ _____
_____	Resident Rights for Nursing Facilities (LARGE PRINT) (pkg of 25)	22.00	34.00	\$ _____
_____	Poster: Nebraska Resident Advocacy Poster	7.50	10.00	\$ _____
_____	Poster Set: No Concealed Handguns Poster and Policy Statement	7.50	10.00	\$ _____
_____	Poster Set: Oxygen Storage and In Use Poster Set	10.00	15.00	\$ _____
PRODUCTS FOR ASSISTED LIVING:				
_____	2010 NALA Wage Survey (Available July 2010)	150.00	300.00	\$ _____
_____	Assisted Living Policies and Procedures - Complete Set	275.00	350.00	\$ _____
(Includes Packages 1, 2, 3, and 4)				
_____	Assisted Living Policies and Procedures - Package 1	70.00	90.00	\$ _____
_____	Assisted Living Policies and Procedures - Package 2	70.00	90.00	\$ _____
_____	Assisted Living Policies and Procedures - Package 3	70.00	90.00	\$ _____
_____	Assisted Living Policies and Procedures - Package 4	70.00	90.00	\$ _____
_____	Mandatory Inservices Training Modules for Assisted Living ...	44.95	90.00	\$ _____
_____	Medication Administration System Standard for Assisted Living Facilities	\$10.00	\$15.00	\$ _____
_____	Poster Set: No Concealed Handguns Poster and Policy Statement	7.50	10.00	\$ _____
_____	Poster Set: Oxygen Storage and In Use Poster Set	10.00	15.00	\$ _____

Qty.	Item Description	Members	Non-Member	Total
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PRODUCTS FOR ASSISTED LIVING, CONTINUED:

_____	Resident Rights for Assisted Living (Standard Print) (pkg of 25) ...	22.00	34.00	\$ _____
_____	Resident Rights for Assisted Living (LARGE PRINT) (pkg of 25) ..	22.00	34.00	\$ _____
_____	Resident Service Agreement Package	69.95	104.95	\$ _____

PRODUCT FROM CTS INC. — SPECIAL ORDERING INFORMATION FOR THIS MANUAL

Qty.	Item Description and Price	Total
_____	RESTORATIVE NURSING MANUAL — \$171.00 (includes shipping)	\$ _____

- Complete the "Shipping Information" in the next column.
- Include Payment. Pay by Check _____ Or Pay by Credit Card: Visa _____ MC _____
 By Check: Make checks payable to: CTS Inc.
 By Credit Card: Complete the "Credit Card Information" in the next column
- Send to: NHCA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037
 Fax: (402) 475-6289 Phone: (402) 435-3551

To order the LPNAN Cookbook, use the LPNAN Cookbook Order Form on this Web page:
<http://www.nehca.org/lpnan/products.htm>

→ **Personal Associate, Student, Business Members, and Non-Members are REQUIRED TO PRE-PAY on all orders. If you are not a member of NHCA or NALA, please pay the non-member fee.**

PLEASE READ: Effective May 2010. All previous editions are obsolete. Prices are subject to change. Products are updated throughout the year. Please check the product catalog on the NHCA Web site at www.nehca.org for the most current product offering and prices. A late payment fee is computed by a monthly rate of 1.5% on all orders past due 60 days. Please allow 1-2 weeks for delivery.

PRODUCT RETURN POLICY: Any products with CDs are not returnable. All orders must be returned or postmarked within ten (10) business days of invoice date. A restocking fee of 15 percent will be charged on all returns. All returned items must be in resalable condition. Defective items returned within 30 days of invoice date will be replaced with the same product or similar product at NHCA/NALA discretion.

SHIPPING INFORMATION

Fax or Call In Your Order for the Earliest Possible Delivery!

Person Ordering: _____
 Facility: _____
 Address: _____
(If PO box number, also include street address location for UPS delivery)
 City: _____ State: _____ Zip: _____
 Telephone (include area code): _____
 Date: _____ Purchase Order Number: _____
 Member Non-member

BILLING INFORMATION

TOTAL OF BOTH SIDE 1 AND SIDE 2: \$ _____
 (In this total, do **NOT** include "Special Order for CTS Inc. Product")
 Shipping and Handling (15% of total, MINIMUM of \$5.50,
 MAXIMUM of \$45.00) \$ _____
 Taxable Amount \$ _____
 Sales Tax (Your city percent plus the state tax of 5.5%) \$ _____
TOTAL AMOUNT DUE: \$ _____

- PLEASE BILL (Member Facilities Only)**
- CHECK ENCLOSED (Make checks payable to NHCA or NALA)**
- BILL MY CREDIT CARD FOR \$ _____**
CREDIT CARD INFORMATION: To pay by credit card, complete the information below (please print) or contact our Accountant, Wendy, at (402) 435-3551.

Cardholder's Name (PRINT): _____
 Credit Card Number: _____
 Security Code # on Card Back: _____ Expiration Date: _____
 Cardholder's Billing Address, City, State, Zip: _____

Signature: _____
Your signature will authorize this transaction

OFFICE USE ONLY: PERSON PICKING UP MERCHANDISE

Print Name: _____
 Signature: _____ Date: _____
 Staff Person Assisting: _____



Nebraska Health Care Association / Nebraska Assisted Living Association
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Serving Those Who Serve

