EXECUTIVE NURSE LEADERSHIP TRAINING

May 23-25 and June 20-22, 2017

NHCA Office, Vetter Family Learning Center
1200 Libra Drive, Suite 100, Lincoln, Nebraska 68512-9332
Phone 402-435-3551

May 25 Sponsored by Northwest Respiratory Services
June 20 Sponsored by McKesson
EXECUTIVE NURSE LEADERSHIP TRAINING

CONTENT
This program offers the nurse in an executive leadership role in a nursing facility vital information related to their position. Topics and critical issues include understanding the role; leadership and management training; problem solving; and staffing issues including levels of staffing, requirements and team work. Documentation, regulations and survey are also included.

OBJECTIVES
At the completion of the Executive Nurse Leadership Training, the participant will be able to:
1. Identify responsibilities required for the role of executive nurse leader.
2. Identify areas of development that are essential for success as an executive nurse leader.
3. Develop skills of the nurse leader to effectively administer the nursing department in a nursing facility.

SCHEDULE
**MAY 23**
8:30 a.m. – Registration
9:00 a.m. - 4:15 p.m.
• Role and Responsibilities
• Communication
• Group Process

**MAY 24**
8:30 a.m. - 4:00 p.m.
• Leadership vs. Management
• Staff Development
• Problem Solving

**MAY 25**
8:00 a.m. to 2:45 p.m.
• Self Development
• Working with the Administrator

**JUNE 20**
8:00 a.m. – Registration
8:30 a.m. to 4:00 p.m.
• Survey and the Survey Process
• Nursing Assistant
• Medication Assistant
• Paid Dining Assistant
• Registry

**JUNE 21**
8:15 a.m. to 4:00 p.m.
• Wage and Hour Law
• Medicare
• Nursing Facility Level of Care Evaluation
• Medicaid
• Pre-admission Screening
• Hiring, Discipline Issues, Termination/Investigations, etc.

**JUNE 22**
8:00 a.m. to 2:15 p.m.
• Medical Records and Documentation
• Intergenerational Communication

REQUIREMENTS
• Must have a current active nursing license.
• Must be currently practicing nursing in a nursing facility.
• Classroom attendance is required.

AUDIENCE
This six-day program is designed specifically for directors of nursing and assistant directors of nursing in nursing facilities.

CONTINUING EDUCATION CREDIT
This training meets the requirements for 36 hours of continuing education for license renewal of nurses as established by the Licensure Unit, Health Licensure and Investigation Section, Division of Public Health, Nebraska Department of Health and Human Services.

Participants must attend all days and must stay in the education program the entire time to receive full credit.

Nurses: Please bring your nursing license number with you to the training.

This continuing nursing education activity was approved by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Please provide your feedback on the program by completing the evaluation. A link to the online evaluation will be emailed to registrants. For those who would rather complete a hard copy of the evaluation, paper evaluation forms will be available at the training site.

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 2016) for credit requirements. View and/or print this catalog at nehca.org.

LEAD INSTRUCTOR/ FACILITATOR
Pam Truscott, MSN, Nurse Educator, RN, Director of Professional Development, Nebraska Health Care Association, Lincoln, Nebraska

SPEAKERS
Cheryl Boldt, RN, LNHA, Consultant, Maun-Lemke, Omaha, Nebraska
Eve Lewis, RN-C, BAH, Program Manager, Office of Long-Term Care Facilities, Nebraska Department of Health and Human Services, Lincoln, Nebraska
Connie Wagner, RN, Program Manager, Nursing Support, Nebraska Department of Health and Human Services, Lincoln, Nebraska
Susan Wagner, Wage and Hour Investigator, U.S. Department of Labor, Lincoln, Nebraska
Alicia Jones, Nebraska Department of Insurance, Lincoln, Nebraska
Danny Vanourney, Program Specialist, MDS/OASIS Automation Coordinator, Medicaid LTC - Institutional Services, Department of Health and Human Services, Lincoln, Nebraska
Sally McGill, JD, Labor and Employment Law Attorney, Fraser Stryker Law Firm, Omaha, Nebraska
Nancy Thygesen, RHIA, Medical Records Consultant, Lincoln, Nebraska
Sue Schlichtemeier-Nutzman, PhD, MA, BA, Leadership/Management Consultant and Professor, Nehawka, Nebraska

There is no perceived or identified speaker or planning committee member conflict of interest.

Casual Dress for All Days!
Please bring a sweater or jacket to ensure your comfort in the classroom.

The Nebraska Health Care Learning Center (NHCLC) – A Division of the Nebraska Health Care Association
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 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.

SUBSTITUTIONS
Substitutions are accepted until the event begins. Substitutions are not possible once the event has started.

ABSENTEE/MAKE-UP POLICY
In order to receive credit, participants must attend all six 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.

RECORDING AND CELL PHONES
Material presented at this training is the property of the speakers or Nebraska Health Care Association. Therefore, recording of the sessions is not allowed. Cell phones should be turned off during education sessions.

HOTEL ROOM BLOCK
For the May 23-25, 2017, and June 20-22, 2017, training, a block of sleeping rooms is available for the nights of May 22-24 and June 19-21 at the hotels listed below. Ask for the Nebraska Health Care Association group rate!

RESIDENCE INN • Phone 402-423-1555
5865 Boboli Lane, Lincoln, Nebraska 68516
Rate: $94 per night • Release Date: May 8, 2017

HAMPTON INN • Phone 402-420-7800
5922 Vandervoort Drive, Lincoln, Nebraska 68516
Rate: $91 per night • Release Date: May 8, 2017

HOLIDAY INN SOUTHWEST • Phone 402-421-1893
2500 Tamarin Ridge Road, Lincoln, Nebraska 68512
Rate: $84.99 per night • Release Date: May 8, 2017

To secure accommodations of your choice, please make reservations as soon as possible.
Nebraska Health Care Learning Center
Enrollment Form – Executive Nurse Leadership Training
Dates: May 23-25 and June 20-22, 2017  Location: Lincoln, Nebraska

Register online at nehca.org. Payment for tuition and fees must be included with enrollment.

To enroll by mail: Complete this enrollment form, include payment (use any of the payment methods listed below), and mail to Nebraska Health Care Learning Center, 1200 Libra Dr Ste 100, Lincoln NE 68512-9332. Make a copy of this form for your records.

To enroll by fax: You must pay by credit card in order to enroll by fax. Complete this 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) ____________________________
Email _________________________________________________________________
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: ENL052317  Course Title: Executive Nurse Leadership Training
Credit: 3.0 Quarter Credits
Tuition and Fees on/before May 8: ☐ Member – $315 ☐ Non-Member – $630
Tuition and Fees after May 8: ☐ Member – $340 ☐ Non-Member – $655
☐ 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

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
1200 Libra Drive, Suite 100
Lincoln, Nebraska 68512-9332
Phone 402-435-3551
Fax 402-475-6289
Email education@nehca.org

Cardholder’s Name (PRINT) ________________________________________________
Credit Card #: __________________________________________________________
Expiration Date _______________________________ CVC # ______________________
Cardholder’s Billing Address, City, State, Zip ________________________________
Cardholder’s Email ______________________________________________________
Signature _______________________________________________________________
Your signature on the line above will authorize this transaction.

Signature ____________________________ Date ____________________________

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, NNFA, 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 the Nebraska Health Care Learning Center, 1200 Libra Drive, Suite 100, Lincoln, Nebraska 68512, phone 402-435-3551, fax 402-475-6289, or email nhclc@nehca.org.