



Onsite Emergency Preparedness & Response Trainings

Active Shooter/Armed Aggressor Response Training for Long Term Care Staff – Instructor led classes that provide preparation and a plan for Long Term Care Staff on how to more proactively handle and survive the threat of an active shooter or armed aggressor event in your facility.

Cost \$750 per facility (training only).

Active Shooter/Armed Aggressor Functional Drills for Long Term Care Staff – Provides scenario driven, hands-on drills to evaluate staff of their knowledge on how to react to different scenarios. Staff must have completed the Active Shooter/Armed Aggressor training before functional drill can be completed. **Cost \$250 per facility.**

Hazard Vulnerability Assessment (HVA) Assistance – The Hazard Vulnerability Assessment (HVA) is a required systematic approach to identifying hazards or risks that are most likely to have an impact on a facility and the surrounding community. We will assist your team in developing a true HVA for your individual facility that must be completed to start the process of developing the facility emergency operations plan. **Cost \$250 per facility.**

Emergency Operations Plan Development Assistance and Review – We will assist your facility in developing and provide ongoing review of your CMS required Emergency Operations Plan for your facility. **Cost \$1,000 per facility.**

Emergency Preparedness Annual Staff Training Plan Assistance – We will assist your facility to develop an effective and required emergency preparedness staff training. **Cost \$750 per facility.**



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Please Check One:

- Active Shooter/Armed Aggressor Response Training for Long Term Care Staff – \$750 per facility**
- Active Shooter/Armed Aggressor Functional Drills for Long Term Care Staff – \$250 per facility**
- Hazard Vulnerability Assessment (HVA) Assistance – \$250 per facility**
- Emergency Operations Plan Development Assistance and Review – \$1,000 per facility**
- Emergency Preparedness Annual Staff Training Plan Assistance – \$750 per facility**

FACILITY NAME: _____

Facility Address: _____

Phone Number: _____

Number of Attendees: _____

Email: _____

For Scheduling Purposes, Please List 2 Dates for Requested Training

Option 1 Date: _____ Option 2 Date: _____ Option 3 Date: _____

PAYMENT TOTAL: \$ _____ Check #: _____ Visa _____ Master Card _____ American Express _____

Name on Card: _____ Credit Card Number: _____

Expiration Date: _____ V-Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Receipt to (Name): _____

Email Address: _____

Return Registration form and payment to:
Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201
Fax: 501-374-1077 / Email: twhite@arhealthcare.com

For more information, please call 501-374-4422