



# Restorative Aide Certification

**March 13-15, 2018, or August 28-30, 2018**

**8:30 a.m. – 4:30 p.m.**

**Members \$600, Non-Members \$3,000**

**Lunch and Materials Included**

This class is designed to provide the necessary training and certification for individuals seeking to become a Certified Restorative Nursing Aide in a long term care facility. The course includes two and one half days of classroom instruction followed by one half day of return skill demonstration.

## Who should attend?

Experienced Certified Nursing Assistants (CNAs) interested in becoming a Certified Restorative Nurse Aide and developing a more comprehensive, structured and quality Restorative Nursing Program in their long term care facility.

## Prerequisites:

- CNA in good standing with OLTC with at least 6 months experience working as a CNA in a long term care facility
- At least 18 years old
- Pay full tuition before class begins
- Attend all scheduled classes
- Receive Passing score on both written exam and return skills demonstration exam

## Continuing Education Units:

Continuing Education Units are not offered for the Restorative Aide Certification. A Certified Restorative Aide certificate, however, will be given to all participants who receive a passing score on both written exam and return skills demonstration exam at the conclusion of the course.

## Course Objectives Include:

- Demonstrate knowledge and skills gained from written, audio, visual and demonstration presentations by instructors to become a Certified Restorative Nurse Aide
- Identify how an effective Restorative Nursing Program affects quality of care and quality of life for residents in long term care facilities
- Verbalize understanding of the elements to a quality Restorative Nursing Program
- Identify areas to improve upon or expend upon in the facility's current Restorative Nursing Program
- Demonstrate common Restorative Nursing Care modalities through skills demonstration

## Primary Instructor:

Rita Pedigo, BA, MS

**For more information, please contact the Association at 501-374-4422 or [registration@arhealthcare.com](mailto:registration@arhealthcare.com).**

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Please Check One:

**March 13-15, 2018**     **August 28-30, 2018**  
**8:30 a.m. - 4:30 p.m., AHCA Training Room, Suite 175**  
**Members \$600, Non-Members \$3,000**  
**Lunch and Materials Included**

To register, send this completed form to:

**Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 • Fax: 501-374-1077 • Email: [registration@arhealthcare.com](mailto:registration@arhealthcare.com).**

The information contained herein, together with all attached documents, will be regarded as property of AHCA.

First Name \_\_\_\_\_ M. \_\_\_\_\_ Last Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address *(Confirmation and class materials will be sent to this address)* \_\_\_\_\_

Employer \_\_\_\_\_ Current Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License Number *(if applicable)* \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Attendee's Signature \_\_\_\_\_ 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 Credit Card Receipt to: \_\_\_\_\_

**SPACE IS LIMITED. ADVANCED REGISTRATION IS REQUIRED.**  
**PAYMENT DUE BY FIRST DAY OF CLASS.**  
**CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT.**

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