



Restorative Nurse Manager Training

March 5, 2019, or October 8, 2019

8:30 a.m. – 4:30 p.m.

Members \$150, Non-Members \$750

Lunch and Materials Included

This training is designed to prepare participants to lead the development, implementation and supervision of quality restorative programs for long term care residents.

Who should attend?

Registered Nurses, Licensed Practical Nurses or Nurses who manage Restorative Nursing Programs in long term care facilities

Prerequisites:

- At least 18 years old
- Pay full tuition before class begins
- Attend all scheduled classes

Continuing Education Units:

Continuing Education Units are not offered for the Restorative Nurse Manager Training. A Certificate of Completion, however, will be given to all participants at the conclusion of the course.

Course Objectives Include:

- Implement additional teaching recommendations and/or components to Restorative Nursing Program to develop a more comprehensive facility program
- Define “Restorative Nursing Care” vs. Nursing Care
- Identify elements of a goal-driven Restorative Nursing Program and improve quality of care
- Differentiate Restorative Nursing Program team members’ responsibilities to ensure a successful program
- Learn how to increase Medicare Reimbursement using an effective Restorative Nursing Program and Specific Documentation Requirements

For more information, please contact the Association at 501-374-4422 or registration@arhealthcare.com.

Restorative Nurse Manager Training



Please Check One:

March 5, 2019 October 8, 2019

8:30 a.m. - 4:30 p.m., AHCA Training Room, Suite 175

Members \$150, Non-Members \$750

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.

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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