



Social Services Director Training

March 13-15, 2019

Later 2019 dates TBA

8:30 a.m. – 4:30 p.m.

Members \$300, Non-Members \$1,500

Lunch and Materials Included

This training is designed to enable Social Service Directors working in long term care facilities to excel by teaching the importance of gathering an accurate social history for each resident so that truly individualized care can be provided.

Who should attend?

Any individual interested in additional training designed for Social Service Designee, Social Service Directors or Social Workers in long term care

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 Social Services Director Training. A Certificate of Completion, however, will be given to all participants at the conclusion of the course.

Course Objectives Include:

- Prepare participants to provide social services to residents and their families
- Participant will be able to assist residents and families to use and receive maximum benefit from the facility and community based social and health resources

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

Social Services Director Training



Please Check One:

☐ **March 13-15, 2019** ☐ **Later 2019 dates TBA**
8:30 a.m. - 4:30 p.m., AHCA Training Room, Suite 175
Members \$300, Non-Members \$1,500
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.

**For more information, please contact the Association at 501-374-4422 or
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Phone 501-374-4422 | Fax 501-374-1077