

## 12-HR CEU SELF-STUDY PACKAGE HOME HEALTH ADMINS & ALT ADMINS

**Meets Texas Annual CEU Requirements in \$558.260**

Fax your completed Registration Form to 512-336-1008 or Scan/Email to missy@CHAseminars.com

You will receive an Email confirmation within one (1) business day.

CEU 12-HR PACKAGE	HRS	FEES	Check Discount
<p><b>Each course listed is 6 CEUs</b> <b>Please choose ONE course from EACH list</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>List A (circle ONE)</b></p> <ul style="list-style-type: none"> <li>Advance Directives</li> <li>Back Safety</li> <li>End of Life</li> <li>Excellence the Path Chosen</li> <li>High Octane Mentoring</li> <li>Infection Control</li> <li>Those with Vision Lead</li> </ul> </div> <div style="width: 45%;"> <p><b>List B (circle ONE)</b></p> <ul style="list-style-type: none"> <li>Compliance &amp; Patient Care</li> <li>HIPAA General Overview</li> <li>How Unions Organize</li> <li>Morals in Patient Care</li> <li>OSHA Compliance &amp; Inspections</li> <li>Work Smart ~ Be Safe</li> <li>Workplace Safety &amp; Emergency Preparedness</li> </ul> </div> </div>	<b>12</b>	<b>\$208</b>	<b>\$198</b>

**REGISTRATION & PAYMENT INFORMATION** This information is used **EXCLUSIVELY** by CHA Seminars

Name		Agency Name	
Home Address Street Address, City, State, Zip			
Home Email		Work Email	
Home Phone	Cell Phone	Work Phone	

**DEBIT/CREDIT CARD AUTHORIZATION (no discount)**

**BANK DRAFT AUTHORIZATION (for discount)**

Card Type    AmEx   Discover   MasterCard   Visa	Acct Type    Business   Personal    Checking   Savings
Acct#	Routing#
Exp Date                      Security Code	Account#
Name on card	Acct Holder
Billing Address	Bank Name
City, State, Zip	City, State, Zip

I authorize CHA Seminars to charge my debit/credit card for the seminar fees or draft my bank account for the discounted fees above.

Signature

Date