

RESIDENT CARE REGULATIONS

ABUSE & NEGLECT ~ DETECTION, INVESTIGATING AND REPORTING

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.

Seminar Selection Please circle the days & registration fees					Hrs	Fees	Check Discount
Review of the CMS regulations and guidelines pertaining to detection, investigation and prevention of abuse and neglect. Please circle the days below that you wish to attend The Exercises (Plan of Correction) are optional ~ MUST attend the 6-hour video portion					6	\$ 175	\$ 165
					9	\$ 230	\$ 220
					12	\$ 275	\$ 265
					16	\$ 360	\$ 345
Medical Aspects of Neglect	Wed Apr 20 9am	Wed May 18 9am	Wed June 22 9am	Wed July 27 9am	2	\$ 60	\$ 55
Modules I, II & III					2	\$ 60	\$ 55
Mod IV & Sexual Abuse in LTC					2	\$ 60	\$ 55
Exercise #1					3	\$ 90	\$ 85
Exercise #2					3	\$ 90	\$ 85
Exercise #3					4	\$ 120	\$ 110
Total Hours & Registration Fees							

Registration & Payment Information This information is used exclusively by CHA Seminars

Name		Facility Name	
Professional License (ie: NFA, CALM, RN)	NFA # & State Renewal Date	CALM # Renewal Date	Other Renewal Date
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	
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 _____

Remit payment to CHA Seminars at 2514 Stenson Dr, Cedar Park TX 78613