

HOME HEALTH ADMINISTRATOR TRAINING COURSE

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 highlight the course & circle the registration fees	Hrs	Fees	Check/Cash Discount
Part 1 8-hours ~ must be completed prior to designation This course provides information on the licensing standards for an agency; and information on the state and federal laws applicable to an agency, including the Texas Health and Safety Code, Chapter 142, Home and Community Support Services, and Chapter 250, Nurse Aide Registry and Criminal History Checks of Employees and Applicants for Employment in Certain Facilities Serving the Elderly or Persons with Disabilities; the Texas Human Resources Code, Chapter 102, Rights of the Elderly; the Americans with Disabilities Act; the Civil Rights Act of 1991; the Rehabilitation Act of 1993; the Family and Medical Leave Act of 1993; and the Occupational Safety and Health Administration requirements.	8	\$ 134	\$ 129
Part 2 16-hours ~ must be completed within the first year after designation This course provides information regarding fraud and abuse detection and prevention; legal issues regarding advance directives; end of life concerns; client rights, including the right to confidentiality and participation in treatment decisions; patient care and protection; agency responsibilities including corporate compliance, medical ethics and sexual harassment; abuse, neglect and exploitation detection and reporting; infection control; food and nutrition; emergency preparedness planning and implementation; safety in the workplace including fire safety and back safety; HIPAA and OASIS.	16	\$ 275	\$ 265
Total Hours & Registration Fees			

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

Name		Facility Name	
Professional License/Certificate	LNFA # & State Renewal Date	ALM/CALM # Renewal Date	HH/HCSSA # 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	Account#	
Billing Address	Acct Holder	
City, State, Zip	Bank Name	
	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