

**April 21, 22, 23, 28, 29, & 30 — 2015**

**8:30am - 3:30pm**

This class fulfills:

- ◆ This class fulfills the requirements to practice as an Activity Director in the State of IL
- ◆ The documented course work in Dementia Care & Ability Centered Care required for a **Special Care Alzheimer's Unit Coordinator**



## **Activity Director's/Alzheimer's Unit Director 36 Hour Course**

### **Some of the topics covered:**

- Long Term Care Standards & Regulations
- Philosophy & Design of Activity Programs
- Resident Assessment & Supportive Documentation
- Quality of Life & Resident Centered Care
- Managing & Administrating an Effective Department
- Dementia- disease process, intervention techniques and program development

### Instructor:

**Lee Moriarty, BS/CTRS**, in her 30 years of experience in Long Term Care, has been a caregiver, consultant, CMS Quality Improvement Contractor and Corporate Educator. She has authored several long-term care manuals and has taught continuing education programs and seminars on a State and National level .

**Fee: \$450.00 per person (early bird discount)**  
**\$550.00 per person after 03/17/2015**

Includes all course materials in a Resource Binder for easy reference

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Profession: \_\_\_\_\_ IL License No: \_\_\_\_\_

### **Payment**

Check enclosed

(Payable to Healthcare Management Solutions)

Credit Card: (circle one) **VISA** or **MasterCard**  
(Statement will show Quality Therapy and Consultation)

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Billing Address (if different from left):  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **\*\*\*UPDATED Class Location:\*\*\***

**April 21, 22, 23, 28, 29, & 30 — 2015**

**Smith Village**

2320 West 113th Place  
Chicago, IL 60643

### **Registration Form Please mail, fax or email this completed form**

**Mail:** Healthcare Management Solutions, 16170 Kingsport Road, Orland Park, IL 60467

**Fax:** (708) 326-1557 **Phone:** (708) 326-1550

**Email:** CE@qtctherapy.com

**Online Registration also available** [www.qtctherapy.com](http://www.qtctherapy.com)

Continuing Education → Course Registration → Course Registration Form

**Last day to register will be April 7, 2015**

### **Contact Hours/Certification**

This class complies with the 36 Hour Activity Director Certification requirements for the State of Illinois. Participant **must** attend all classes in their entirety to earn the certificate and to be recognized as an Activity Director by IDPH.

### **Refunds/Cancellations**

*Any and all* cancellations MUST be received on or before April 7, 2015 and are refundable less 20% of the original course fee paid (processing/supply charge) per registrant. Any cancellations received after 04/07/2015 will not be refunded. *Please note that if you register and do not attend, you are still liable for full payment.*

### **Confirmations**

Confirmations of registration are sent via email. You will receive a detailed email regarding the course and location approximately one week prior to the course. Please email CE@qtctherapy.com if you have any questions or would like to verify your registration.

### **Lunch**

One hour is built into each day's agenda for an off-site lunch on your own.

### **Presented By:**

**Healthcare Management Solutions**

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### **Sponsored By:**

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