

Conditions of Participation Webinar – Part II



Tuesday, November 29, 2016
Webinar
9:00 a.m. to 10:40 a.m.

Learning Objectives:

- Participants will gain a deeper understanding of new regulations related to Infection Control and Antibiotic Stewardship
- Participants will gain a deeper understanding of the new components of Admissions, Transfers and Discharges

Continuing Education: This course has been approved for **2.0** continuing education hours in the core area of **Administration** for Licensed Adult Care Home Administrators and Registered Operators by the Kansas Department for Aging and Disability Services. Health Occupations and Credentialing approved provider number (KDADS LTS# A1427).

Speaker Bio: Linda Farrar is a Registered Nurse and a Licensed Nursing Home Administrator in Kansas. She obtained her Bachelor of Science in Nursing degree from the University of Iowa in Iowa City, Iowa. Linda began her long term care career at a retirement center in Wichita, first as a unit supervisor, then the Director of Nursing position. In 2001, she obtained her administrator's license. She served elders as Administrator and other administrative positions since that time. In June, 2011, Linda retired from the full-time duties of administration and since that time she has continued to provide nursing and administrative consulting services. During her career, Linda's passion has been person-centered/person-directed care. Linda believes that through education of staff and strong facility leadership, facilities can provide both quality of care to remain regulatorily compliant AND provide quality of life, providing enhanced, personal experiences for elders served. Linda's passion is to continue to serve elders and their family members in compassionate and person-directed and centered care.

Linda is a certified Dementia Capable Care trainer and a certified INTERACT trainer.

KACE Member Cost: \$45
Non-Member Cost: \$60

REGISTRATION FORM

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Non-member \$60 per person

Registration Policy: Please register in advance using the form below or you can register online at www.kaceks.org.

Payment Method: Visa ____ MasterCard ____ Discover Card ____ American Express ____ Check ____ Invoice ____

If paying by credit card, please provide the following information:

Account Number: _____ Exp. Date: _____ Security Code: _____

Name on the Card: _____

Credit Card Billing Address: _____ Zip Code: _____

Facility Name _____ Contact Person _____

Facility or Personal Address _____ City _____ State _____ Zip _____

Facility or Personal Phone Number _____ Email Address _____

Participant Name(s)	Title(s) & License Numbers(s)	Course Fee
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Total Amount Enclosed \$ _____

The KACE Board of Directors has recently changed our policy to require prepayment for all education courses.

Kansas Adult Care Executives
1505 SW Fairlawn Rd., Suite B, Topeka, KS 66604 (785)273-4393 F: (785)273-8681
E-mail: kace@kaceks.org Register online at www.kaceks.org



No refunds will be given for cancellations. Substitutions are welcome.