

Hospice Manager Certificate Program (HMCP®) ON-DEMAND

See Reverse for Registration Form

Subscription Length

This on-demand program comes with a three (3) month subscription to the course content.

On-demand course content can be accessed 24 hours a day, seven days a week from any device that has internet connection.

On-Demand Access

After course registration and payment has been submitted and received by CAHSAH, you will receive a confirmation email containing a Course Syllabus.

You will be asked to review and sign the Course Syllabus and return to CAHSAH. Submission of your signed Course Syllabus is required before you can begin the on-demand course.

Once CAHSAH has received your signed Course Syllabus, you will receive email instructions for logging into your course (your username, password, and link to the on-demand portal).

The course manual will be shipped to you in 2 business days.

Overview

The Hospice Manager Certificate Program (HMCP®) is an interactive and intensive educational program, providing leading edge management concepts and skills that are critical for all levels of hospice managers to know and understand. This program is designed to improve skills in the critical areas of: leadership, marketing, budgeting, finance, compliance, regulatory and human resources. In addition to these important skills, this program will cover the new hospice conditions of participation and federal laws impacting hospice agencies.

Program Goals:

- Develop leadership and organizational management skills
- Learn the secrets to marketing your agency
- Understand the regulatory process
- Learn the fundamentals of financial management and budgeting
- Understand human resource practices and employment law

More details including session goals and outcomes can be found at http://cahsah.org/educational_events/HMCPweb.php.

This Program Is Designed For

- Hospice managers
- Office managers
- Emerging or middle managers
- Front-line supervisors
- New or established business owners
- Administrators or assistant administrators
- Directors or assistant directors
- CEOs and COOs
- DPCS
- DON
- Clinical nurse supervisors
- Operations managers
- Human resource managers
- Finance and marketing managers
- Case managers
- Any middle management personnel of a Medicare-certified hospice agency.

Certificate of Completion & CEU Credits

Continuing Education Hours will be provided to participants who view the program in its entirety. Provider approved by the California Board of Registered Nursing (Provider # CEP17394) for up to twenty-one (21) contact hours of continuing education. No partial credits can be given.



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Ways to Register

ONLINE at www.cahsah.org/educational_events/HMCPweb.php

FAX registration form to: (916) 641-5881

PHONE in registration to: (916) 641-5795 ext. 113

MAIL registration to: CAHSAH, 3780 Rosin Ct, Suite 190, Sacramento, CA 95834

Cancellation Policy

No cancellations or refunds will be issued once user login information has been sent. Due to the online format of this program we are unable to offer exceptions to this policy. It is recommended that each registrant review the course content prior to submitting payment to ensure the content meets individual educational needs.

STEP 1: FILL IN ATTENDEE INFORMATION (ALL FIELDS REQUIRED)

Company Name

Company Phone Number

Fax

Company Mailing Address

City

State

Zip

Attendee Name

Email

Cell Phone

Is your organization not a CAHSAH® member? Contact Membership at (916) 641-5795 ext. 114 to find out how you can join and receive member-benefit discounted registration rates for all CAHSAH education programs.

STEP 2: REGISTRATION FEES

	CAHSAH Members	Non Members	# of Attendees
ON-DEMAND Hospice Manager Certificate Program	\$845	\$1,145	x _____
TOTAL DUE			\$ _____

PLEASE NOTE: Registration fees are per person for a single log-in. Log-in information cannot be shared.

Register two or more people online and receive \$50 off each registration fee.
Applies to online registrations only.

STEP 3: FILL IN PAYMENT INFORMATION

PRE-PAYMENT REQUIRED. Registration will not be processed without payment.

PAYMENT TYPE

__ Check # _____ (Make check payable to CAHSAH)

__ Charge   

Credit Card Number

CC Exp. Date

CC Billing Zip