



# BLUEPRINT FOR OASIS ACCURACY

## Transition to OASIS-C1

Featuring: Linda Krulish and Kim Corral with OASIS Answers, Inc.



### MASTER OASIS-C1

Effective, up-to-the-minute education targeted for field data collectors, their supervisors and those preparing for the COS-C Exam.

Experience the comprehensive and nationally acclaimed two-day Blueprint for OASIS Accuracy workshop and learn to confidently teach, audit and collect OASIS-C1 items accurately. Through guided, expert instruction, and participation in problem-solving discussions and application scenarios, achieve mastery of the OASIS items, conventions, and the latest data collection rules.

Rather than provide opinions, assumptions, or unfounded interpretations, the "Blueprint" presenters will model reliance on CMS guidance documents and provide and demonstrate strategies for how to find defensible answers to your OASIS questions.

#### This 2-day 13 contact hour workshop is designed:

- To support the educational needs of home health clinicians in achieving comprehension and accuracy in OASIS data collection using guidelines established by the Centers for Medicare & Medicaid Services (CMS).
- To provide a preparatory review for candidates for the COS-C (Certificate for OASIS Specialist-Clinical) examination.
- To supply you with the knowledge and tools necessary to boost your confidence and improve your foundation of data precision.
- Support data collection in special situations.

#### COS-C Exam:

The Certificate for OASIS Specialist-Clinical (COS-C) Exam is a voluntary certificate examination for those interested in demonstrating and establishing their expertise and commitment to OASIS data accuracy.

Initial Exam: \$250

Renewal Exam: \$200

### Program Schedule:

#### Day 1:

7:00am - 8:00am - Registration  
 8:00am - 12:00pm - Workshop  
 12:00pm - 1:00pm (networking lunch provided)  
 1:00pm - 4:00pm - Workshop

#### Day 2:

7:00am - 8:00am - Registration  
 8:00am - 12:00pm - Workshop  
 12:00pm - 1:00pm (networking lunch provided)  
 1:00pm - 4:00pm - Workshop

### How to Register

**ONLINE** at <http://cahsah.org/OASIS.asp>

**FAX** registration to: (916) 641-5881

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

**MAIL** registration to: CAHSAH@

3780 Rosin Court, Suite 190, Sacramento, CA 95834

### Continuing Education Units

Provider approved by the California Board of Registered Nursing (Provider #CEP2463), by the California Board of Physical Therapy PTB (Provider#3780), and by the California Board of Behavioral Sciences (Provider #PCE588) for thirteen (13) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

#### Choose the location and date you wish to attend:

**April 13-14, 2015**

**April 15-16, 2015**

Marriott Rancho Cordova Hotel  
 11211 Point East Drive  
 Rancho Cordova, CA 95742  
 (916) 638-1100

**Exam April 15 | 9-11:30am**

**Separate registration required**

Visit [www.oasisanswers.com](http://www.oasisanswers.com)

to register for exam

Ontario International Airport Hotel  
 700 North Haven Avenue  
 Ontario, CA 91764  
 (909) 980-0400

**Exam April 17 | 9-11:30am**

**Separate registration required**

Visit [www.oasisanswers.com](http://www.oasisanswers.com)

to register for exam

RATE SCHEDULE	Member	Non-Member	Sub-total
<b>EARLY BIRD</b> Before 03/20/15	\$405	\$555	\$ _____
<b>ADVANCED</b> Before 04/03/15	\$425	\$575	\$ _____
<b>Late/On-Site rate</b> After 04/03/15	\$465	\$615	\$ _____
<b>DISCOUNT:</b> Register two or more people from the same agency on-line and <b>SAVE \$10</b> off each registration. <a href="http://www.cahsah.org">www.cahsah.org</a>		<b>Total Due:</b>	\$ _____

#### 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 this important training program!

Company Name \_\_\_\_\_

Attendee Name & Title \_\_\_\_\_ RN License # (if applicable) \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address (for confirmation letter) \_\_\_\_\_

### Pre-payment is required

(registration will not be processed without payment)

Method of Payment	
<input type="checkbox"/> Visa	<input type="checkbox"/> Check (payable to CAHSAH®)
<input type="checkbox"/> Master Card	<input type="checkbox"/> Amex
Credit Card # _____	Exp. Date _____
CC Billing Address _____	Billing Zip Code _____
Cardholder Name (please print) _____	Cardholder Signature _____

**CANCELLATIONS:** Cancellations are subject to 20% handling fee, there will be **NO REFUNDS** issued for cancellations received within 10 business days prior to program. Cancellations must be in writing. Refunds will NOT be made for no-shows. However, substitutions will be allowed. Should CAHSAH® cancel the program, a full registration fee refund will be issued.