

Home Care Manager Certificate Program

March 29-31, 2016 | Las Vegas, NV

3570 Las Vegas Boulevard South, Las Vegas, NV 89109

The Home Care Manager Certificate Program HCMCP® is an interactive and intensive educational program, providing leading edge management concepts and skills that are critical for home care managers to know and understand. This program was designed to accommodate all sections of home care, from private pay to large home care agencies. There are two modules to choose from; Private Duty or Medicare Certified. This program was designed to improve your leadership skills, learn the fundamentals of budgeting, marketing, financial management, the PPS system, compliance, regulatory and human resources of entry level home care managers.

Sponsors



FACULTY



Mary Lou Connolly, RN, MS and Nancy McCoy, RN, MS
McCoy & Connolly Consulting, Inc.



Neil Rotter, MSG, MSW
Accredited Nursing Care



Brittnei Salerno, BS
La Jolla Nurses Homecare



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At Your Services Home Care



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Chris Alexander, M.A. (Org. Psych.)
Synergy Executive Education



Thomas E Boyd, CFE, MBA
Simione Healthcare Consultants, LLC.



Merrily Orsini, MSSW
corecubed

HOTEL INFORMATION



CAESARS PALACE
3570 Las Vegas Blvd. South, Las Vegas, NV 89109
Phone: 866-227-5944

For hotel reservations please call 866-227-5944 and ask for the "SCCAH6" special rate of **\$149 single/double, plus tax and resort fees** or simply [click here](#) to reserve your room now. Reservation deadline is Friday, March 11, 2016.

SUPPORTED BY



Registration Continued on Reverse...

Register

ON-LINE at www.cahsah.org/educational_events/16HCMCP.asp
 FAX registration to: (916) 641-5881
 PHONE in registration to: (916) 641-5795 ext. 113

Continuing Education Units

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 # CEP2463) for up to twenty-one (21) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. **No partial credits can be given.**

Cancellation Policy

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.

Program Schedule

March 29, 2016:	March 30, 2016:	March 31, 2016:
7:00am - 8:00 am Registration	7:00am - 8:00 am Registration	7:00am - 8:00 am Registration
8:00am - 12:00pm Program	8:00am - 12:00pm Program	8:00am - 12:00pm Program
12:00pm - 1:00pm Lunch	12:00pm - 1:30pm Lunch	12:00pm - 1:00pm Lunch
1:00pm - 4:00pm Program	1:30pm - 5:00pm Program	1:00pm - 5:00pm Program
4:00pm - 6:00pm Opening Reception		

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SELECT MODULE:

MEDICARE CERTIFIED PRIVATE DUTY

STEP 1: FILL IN ATTENDEE INFORMATION
ALL FIELDS REQUIRED

Company Name _____

Phone _____ Fax _____

Company Mailing Address _____

City _____ State _____ Zip _____

Attendee #1 Name _____

Attendee #1 Email Address _____

Attendee #2 Name _____

Attendee #2 Email Address _____

Internal Use Only

STEP 2: CALCULATE REGISTRATION FEES

Rate Schedule	Members (CAHSAH®, Corridor, NAHC)	Non-Members	# of Attendees
Early Bird Rcvd by 3/4/16	\$775	\$1,050	x _____
Advanced Rcvd by 3/18/16	\$825	\$1,125	x _____
On-site/Late Rcvd after 3/18/16	\$875	\$1,200	x _____
Total Due			\$ _____

SPECIAL OFFER: Register two or more people online and receive \$25 off each registrant. *Applies to online registrations only.*

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!

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 _____