Missouri Alliance for Home Care in partnership with the Association for Home & Hospice Care of NC presents…

The Aide's Role in "Back to Basics"

A Webinar • Thursday, February 13, 2020 • 2:00—3:00 p.m. CST

Presented by John Conrad and Libby Hart, *RN*

In this webinar, we will review daily assignments given to the Home Care Aide such as: patient care, electronic charting, proper positioning with each task (i.e. driving, talking on the phone) to prevent physical injury to the nurse aide. We will review current practice and technique strategies to ensure healthy work habits, reduce the risk of injury on the job and to provide safe effective care to the patient.

Use this session to meet your training requirements. All in-services emphasize the role of home care aides in observation and reporting. It is the responsibility of the home care company to determine if this workshop meets the specific requirements of its aides. The Missouri Department of Health & Senior Services affirms that this session meets the requirements found at 484.36[b] of the Medicare Conditions of Participation and for in-home service companies, this session meets the required standard for on-going training of aides.

Registration Form

No Recordings will be available for this webinar.

How the In-Service Works:

- The conference is scheduled from 2:00 to 3:00 p.m. CST.
- Register in advance; one fee per connection—**Registration DEADLINE is February 12, 2020.**
- MAHC will provide a GoToWebinar link that will be e-mailed to you the day before the webinar. You will need to register through this link to attend the webinar. Once registered you will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts if available, the sign-in sheet, and evaluation before the webinar.
- Listen to the presentation.
- Participate in the question & answer session.

Company _____

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Registration Fees **Payable by check or credit card** ☐ **Check** ☐ **Credit Card**

Name as it appears on card: _____

CC#:_____ ☐ Visa ☐ MC ☐ Discover ☐ Am. Express

Billing Address:_____City, State, Zip_____

Exp. Date:_____ CVC(3 or 4 digit code):_____Signature:_____

For security reasons, if paying via credit card please fax or mail (not e-mail) your registration form)

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Registration Fees: (Note 3% discount if paid by check)

MAHC Members: $99 Check/$102 Credit Card per connection

Non-Members: $198 Check/$204 Credit Card per connection

Total: $_____

Send Registration & Payment to:
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(P) 573-634-7772 (F) 573-634-4374
abby@mahcmail.org

Cancellations: Refunds will NOT be issued for cancellations received less than 2 business days prior to the event and non-paid registrations will be billed full price. Cancellations received prior to 2 business days before the event will receive a 90% refund.