



## N.H. Association of Residential Care Homes Presents ...Medication Training Program



A limited number of seats are available for a 4-hour training program intended for any assisted living personnel who will be responsible for supervising medications within their facility. This program is intended to help you meet the educational requirements as prescribed by He-P 804 and He-P 805 rules requiring a 4-hour medication supervision education program. **NOTE: This is not a certification program.**

Please note that registration for each class is limited to the first 10 individuals who register. No more than 2 personnel from any one facility may register for the class.

**Location:** NHARCH Offices, 53 Regional Drive, Suite 1, Concord, NH

**Time:** 8:30 a.m. – 12:30 p.m. (Please arrive by 8:15 a.m. to sign-in.)

**Dates:** Tuesday, March 27, 2018

**Presenter:** Jeanne Donohoe, RN, Northeast Pharmacy Services, Concord, NH

**Cost:** \$40 per person for members of NHARCH / \$60 for non-members (Includes a box-lunch, break beverages, course materials and a certificate of attendance.)

**Register and Pay Online with a Credit Card and Save the Postage! (Go to [nharch.org](http://nharch.org) and click on the event date and use the link provided). Even if you prefer to send a check, you can still register online and skip the rest of this form!**

Registrant Full Name (s)	Class Date	Cost
		<b>Total Due:</b>

**Community Name:** \_\_\_\_\_

**IMPORTANT!** Email must be provided to which messages may be sent if there are any changes in the class schedule due to weather or other circumstances: Email: \_\_\_\_\_

**Please provide a contact phone #:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

Please make checks payable to: **NHARCH** or charge my VISA / Mastercard / American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Mailing Address if different than above. \_\_\_\_\_

**Questions?** Contact the NHARCH offices at 1-800-544-0906 or 603-228-1231

Please send completed registration form with payment (check or money order) payable to: NHARCH, 53 Regional Drive, Suite 1, Concord, NH 03301. YOU MAY FAX IN YOUR FORM (603-228-2118) WITH PAYMENT TO FOLLOW by mail..

**CANCELLATION POLICY:** Advanced registration is required. Cancellations made at least 72 hours in advance of the event will qualify for a full refund. Substitutions are welcome. We do not offer credits for future meetings.