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COURSE OBJECTIVES:

Upon successful completion of the Respecting Choices course, participants will be able to:

- Explain the medical choices facing the seriously ill and dying
- Discuss legal issues around life-sustaining treatment and advance directives
- List tools for promoting and assisting with advance care planning
- Demonstrate advance care planning facilitation skills and competencies
- Describe specific strategies for working with individuals when they are healthy, living with a chronic condition or serious illness, or actively dying.

ELIGIBILITY:

This instructional program is designed for health care clinicians, including nurses, case managers, social workers, chaplains from both acute and long-term care settings, parish nurses and health ministers from area faith communities.

REGISTRATION – NO SPACES WILL BE RESERVED BY PHONE!

Registration is by mail (or fax if paying with a credit card) and will be accepted on a first-come, first serve basis. Enrollment is limited. If the session you requested is not available, we will notify you. **Fax your form to (916) 733-6331.**

NO PHONE RESERVATIONS ACCEPTED!

The course cost is **\$125 per person** (includes continental breakfast, lunch and materials for both days). A confirmation letter will be mailed upon receipt of registration form and fee, and will be your acknowledgement that you are enrolled in the class.

REGISTRATION DEADLINE – Two weeks prior to class. Late registration will be considered if pre-course work can be completed prior to the first day of class.

CANCELLATION/REFUND POLICY:

All registrants may forward registration ONE time without penalty; however arrangements must be made at least **one day** prior to the course date. After the second cancellation, the fee will be refunded less a \$50 processing and materials fee and one must re-register for a future course, if desired. If refund requested the registrant will receive the full course fee less a \$50 processing and materials fee.

Cancellations the day of the course and no shows will result in forfeiture of the fee.

**For more information or to cancel, call
Strategic Learning Development at (916) 733-6330**

Secured Fax # to SLD is (916) 733-6331

2007 RESPECTING CHOICES – Registration Form

Name: _____ Title: _____

Address: _____

City: _____ Zip Code: _____

Phone (home): _____ (work): _____

Employer/Facility: _____ Dept.: _____

CHW Employee ID#: _____ Manager's Name: _____

Clinical License# _____ (required to issue continuing education)

E-mail address _____

Please check the course date you wish to attend:

March 6 & 7

September 25 & 26

Participants must attend both days for continuing education credit.

Please check the boxes that apply to you and note fee/deposit to include:

CHW Employee----- \$125 Fee

All Others----- \$125 Fee

Course materials will be mailed to the address listed above approximately 2 weeks prior to the first class.

Payment Method for above selections: Visa MasterCard Check)

If paying by credit card, you may fax this registration form to (916) 733-6331

If paying by check, send separate checks (for deposit/fee, books, shipping, etc.)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Signature: _____

My signature acknowledges this payment

SLD Use Only

Rec'd _____ CC Chg'd for: Class _____ Books _____ S/H _____

Initial Conf. _____ Books/Homework _____ Final Conf. _____

Cx'd _____ Trans. To _____ Refund? Yes No

No Show Chg'd _____ Checks : Class _____ Books _____ S/H _____

Remarks: _____
