

COURSE DIRECTOR & MANAGER:

Holly Champagne, RNC, MSN, CNS

FACULTY:

Chris Evans, RN, MSN

Susan Lynch, RN, MS

Catherine McGregor, RN, MSN

Kathy Glasmire, BA

CE/CME INFORMATION:

- Provider approved by the California Board of Registered Nursing, Provider #28 for 14 contact hours.
- Provider approved by the California Board of Behavioral Sciences as a provider of 14 hours LCSW/MFT education, Provider #PCE1008.



2008 Respecting Choices

Advance care planning (ACP) is a process that helps people think about the kind of care they would want at the end-of-life, encourages them to talk with their loved ones and doctors about their wishes, and assists them in completing an advance directive document. Effective ACP focuses not only on documents but also on the ongoing discussions necessary to prepare people to advocate for good end-of-life care for themselves and their loved ones.

This two-day nationally recognized course, taught by certified ACP facilitators from the Sacramento community will teach individuals from the community and healthcare organizations to be successful ACP facilitators.

Pre-course work required!

March 4 & 5

Tuesday and Wednesday
0800 - 1600 0800 - 1600

Classes will be held at:

*Mercy San Juan Medical Center
Physicians Plaza
Suite 150
6555 Coyle Avenue
Carmichael, CA 95608*

This class is co-sponsored by



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
Please call to confirm receipt of fax!**

2008 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 4 & 5**

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

☐ Check(s) *If paying by check, send separate checks (for deposit/fee, books, shipping, etc.) payable to CHW, Mailing address: 650 Howe Ave, Ste 400, Sacramento, CA 95825*

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

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: _____