



FAX REGISTRATION TO 941-757-0584

BY FRIDAY @ 9 AM THE WEEK BEFORE CLASS

CLASS TOPICS AND TIMES

TUESDAY	WEDNESDAY	COMBINED	THURSDAY	NOTE CHANGES
8:30-12:30 Initial Med Training	8:30-11:30 CPR +AED	NEW	8:30-10:30 HIV/AIDS & Infection Control	
1:30-2:30 Resident Rights	12:30-3:30 First Aid + AED		10:30-11:30 Wandering & Elopement	
2:30-4:30 Med Update	3:30-4:30 Food Handling		12:30-1:30 Major Emergencies	
			1:30-4:30 Resident Needs/ADL's	

ALZHEIMER'S CLASS TIMES ARE 8:30-12:30 & 1-5

CLASS RULES

1. **3** registrants for **Meds** classes, **CPR & First Aid** are accepted from each facility, this is determined by policy
2. Attendees must **pre-register**. **Walk-ins** will be turned away if not pre registered
3. **24-hour** notice of cancellation is required by attendee/facility or there will be a charged **\$10.00 fee per person per class**
4. class may be canceled if there are less than **5 registrants** for class, facilities will be notified **24 hours prior to class**
5. Student must arrive at class **15** minutes prior to the scheduled start time and **must sign in** at the beginning of each class
6. Participants who are **late or leave** early will not receive a certificate
7. A **disruptive student** will be asked to leave the class. and will not be permitted to return
8. Dress must be professional. **No smoking** except during breaks and in designated areas.
9. **Certificates** are mailed out from the education dept. (**allow 2-3 wks for processing**).
10. **Beepers & cell phones** must be off or in silent mode. **Lunch is on your own**

REGISTRATION FORM & INVOICE

(Make copies of this form for future use)

QUESTIONS? PAYMENT: CALL TOLL FREE 1-866-363-4058 (CREDIT CARD/DEBIT CARD)

Payment is due prior to class. **Mail a facility check to:** Vanguard Education: 905 Manatee Ave. East, Bradenton, FL 34208

Facility Name/Address: _____

Date _____ Contact Person: _____ Phone: _____ Fax: _____

FALA Member Yes ___ FALA # _____ Vanguard/Omnicare Customer: Yes ___ Bed fee Pd Yes ___ No ___ Credit Card ___

Class Location _____ **Class Dates** _____

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the Friday before the next weeks classes

<u>PRINT ATTENDEES NAMES LEGIBLY</u>	Med Ting.	Res. Rigts	Med. update	CPR	First Aid	Food Hndl	HIV/ Infection Control	Wande ring Elope	Emer .	Res. Needs	ADRD Level I	ADRD Level II	ADRD Update	Total Fees or COMMENTS
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														

CLASS AND OTHER INFORMATION

TOLL FREE 866-363-4058

www.vanguardrx.com