

CLASS TRAINING OPTIONS

REDUCED EDUCATION BED FEE RATES FOR VANGUARD CUSTOMERS & SMALL FACILITIES

VANGUARD PHARMACY/OMNICARE CUSTOMERS AND HOST FACILITIES

- ✓ \$12.00 PER BED FOR THOSE FACILITIES WHO HOST THE CLASSES. PAID ONE TIME FOR 6/1/09-5/31/10

FALA MEMBERS

- ✓ \$16.00 PER BED FEE PAID ONE TIME FOR 6/1/09-5/31/10

ALL OTHERS

- ✓ \$20.00 PER BED PAID ONE TIME FOR 6/1/09-5/31/10

CLASS SCHEDULE/COST PER PERSON PER CLASS

Class days,	Times	Class Hrs.	FALA/Vanguard	ALL Others
<u>DAY 1: TUESDAY</u>	8:30AM-12: 30 AM –MEDICATION (INITIALLY)	4.0	\$20.00	\$40.00
	1:30AM-2:30 –RESIDENT RIGHTS/ABUSE (@ HIRE)	1.0	\$5.00	\$10.00
	2:30 PM-4: 30 PM—MED UPDATE (ANNUALLY)	2.0	\$10.00	\$20.00
<u>MEDICATION CLASSES ARE FREE TO VANGUARD AND OMNICARE FACILITIES</u>				
<u>DAY 2: WEDNESDAY</u>	8:30AM-11: 30 AM – CPR (LIMITED #'S, Q 2 YRS)	3.0	\$15.00	\$30.00
	12:30PM-3: 30 PM - FIRST AID (Q 2 YRS)	3.0	\$15.00	\$30.00
	3:30PM-4: 30 PM – FOOD HANDLING (@ HIRE)	1.0	\$5.00	\$10.00
<u>DAY 3: THURSDAY</u>	8:30 AM- 10:30 AM– HIV/AIDS (Q 2 YRS.)	2.0	\$10.00	\$20.00
	10:30 AM-11: 30 AM– INFECTION CONTROL @ HIRE)	1.0	\$5.00	\$10.00
	12:30PM-1: 30PM –MAJOR EMERGENCIES (@ HIRE)	1.0	\$5.00	\$10.00
	1:30PM-4: 30 PM -RESIDENT NEEDS/ ADL'S (@ HIRE)	3.0	\$15.00	\$30.00

STATE APPROVED ALZHEIMER'S CLASSES PLUS OTHER TOPICS AVAILABLE UPON REQUEST AT A SEPARATE CHARGE

ALL VANGUARD CUSTOMERS CALL US FOR INFORMATION ON OUR VALUE ADDED SERVICE PROGRAM DESIGNED TO MEET REGULATORY REQUIREMENTS WHILE REUCING RISK

PRE- REGISTRATION

- All attendees must **pre-register** by **9:00 AM Friday** the week prior to class.
- **Walk-ins** may be turned away
- **CERTIFICATES** are mailed out from the Education Dept. 2-3 wks. following classes
- **Credit/Debit cards and more information TOLL FREE 1-866-363-4058 or 941-757-0583**
- **Fax** 941-757-0584
- **www.vanguardrx.com has all calendars, forms and other information about Vanguard**
- **Facility checks** made out to Vanguard, mailed with invoice below to
Vanguard Pharmacy Education Dept. 905 Manatee Ave. E. Bradenton, Fl. 34208

INVOICE FOR BED FEE PAYMENT

✂ **Cut here**

PAYMENT ARRANGEMENTS MUST BE MADE PRIOR TO ATTENDANCE AT CLASSES

Date _____ Facility Name _____

Address _____ City/Zip _____

Phone #: _____ Fax #: _____ Contact Person _____

Vanguard/Omnicare Customer & Host Site: \$12.00 X _____ Beds = \$ _____ Pmt. Ck ___ CC ___

FALA Member: Yes: ___ FALA Member # _____ \$16.00 X _____ Beds= \$ _____ Pmt. Ck ___ CC ___

All Others \$20.00 X _____ Beds = \$ _____ Pmt, source Ck. ___ CC ___

Send Check to address above or call 866-363-4058 for a Credit Card.



FAX 941-757-0584 BY 9:00 AM FRIDAY PRIOR TO CLASS



CLASS GUIDELINES

(Please inform each attendee of #'s 2-10)

1. 3 registrants for CPR & First Aid are accepted from each facility, # of attendees is determined by AHA rules.
2. No shows without a 24-hour notice may be charged \$10.00 when the person re-registers for class.
3. Cancellations may occur if there are fewer than 5 registered, facilities will be notified 24 hours prior to class
4. Pre-registration is required. Student must arrive at class 15 minutes prior to the scheduled start time.
5. Participants who are late or leave early will not receive a certificate in accordance with 58-A
6. Attendance record must be signed at the beginning of each class or credit will not be given.
7. A disruptive student will be asked to leave the class. and will not be permitted to return in the future
8. Dress is comfortable but professional. No smoking except during breaks and in designated areas.
9. Beepers & cell phones must be off or in silent mode.
10. Lunch is not usually provided by the facility
11. Certificates are mailed out from the education dept. (allow 2-3 wks for processing).

REGISTRATION FORM & INVOICE

(Make copies of this form for future use)

QUESTIONS? PAYMENT: CALL TOLL FREE 1-866-363-4058 or 941-757-0583 (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 ___ Pd Credit Card _____

Per person fee: # of attendees _____ x number of classes _____ x \$ per class _____ = Total Due _____ Ck. # _____

Class Location _____ **Class Dates** _____

This completed form must be faxed to 941-757-0584 before 9 AM the Friday before class

<u>PRINT ATTENDEES NAMES LEGIBLY</u>	Med Ting.	Res. Rigts	Med. update	CPR	First Aid	Food Hndl	HIV/AIDS	Inf. Cont	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.														

FAX FORM TO 941-757-0584 BY 9:00 AM FRIDAY PRIOR TO CLASS