

CLASS TRAINING OPTIONS

ONE YEAR OF TRAINING AT CENTRAL LOCATIONS FOR A BED FEE PAID ONCE EACH FISCAL YEAR

VANGUARD PHARMACY/OMNICARE CUSTOMERS

- ✓ \$14.00 PER BED FOR THOSE FACILITIES WHO HOST THE CLASSES. PAID ONE TIME FOR **6/1/10-5/31/11**

FALA MEMBERS

- ✓ \$18.00 PER BED FEE PAID ONE TIME FOR **6/1/10-5/31/11**

ALL OTHERS

- ✓ \$22.00 PER BED PAID ONE TIME FOR **6/1/10-5/31/11**

CLASS SCHEDULE/COST PER PERSON PER CLASS

<u>Class days,</u>	<u>Times</u>	<u>Class Hrs.</u>	<u>FALA/Vanguard</u>	<u>ALL Others</u>
<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/OMNICARE CUSTOMERS CALL US FOR INFORMATION ON OUR VALUE ADDED SERVICE PROGRAM PROVIDES A MOCK SURVEY AND RISK MANAGEMENT COMPONENT

PRE- REGISTRATION

- All attendees must **pre-register** by **9:00 AM Friday** the week prior to class. **Walk-ins** will be turned away if not pre registered
- **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** mailed with invoice below made out to and mailed 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: \$14.00 X _____ Beds = \$ _____ Pmt. Ck# _____ CC _____

FALA Member: Yes: FALA Member # _____ \$18.00 X _____ Beds= \$ _____ Pmt. Ck# _____ CC _____

All Others \$22.00 X _____ Beds = \$ _____ Pmt, source Ck# _____ CC _____

FAX to 941-757-0584

By 9 AM

the Friday before the next weeks classes



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



CLASS GUIDELINES

(Please inform staff of the following 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**. **And 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
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. Beepers & cell phones must be off or in silent mode. Lunch is on your own
10. 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 _____

Class Location _____ **Class Dates** _____

FAX to 941-757-0584

By 9 AM

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/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