



ONLINE HOME CARE SUPERVISORS TRAINING

L.E.A.D.E.R.S. TRAINING

The Home Care Aide Council is offering a four-part leadership training for home care supervisors, appropriate for nurses, schedulers, or HR staff. Supervisors can pick from the four trainings, or attend all four at a discounted price!

*There is no limit to the number of attendees from your agency who may participate at your site using one phone line and a computer with internet access.

ONLINE WEBINARS

1:00PM -
2:00PM

January 30th
Introduction to
Supervision

February 6th
Communicating
Effectively

February 13th
Providing
Positive
Motivation

February 20th
Coaching the
Team

Members:

\$85 per line/training
\$300 for all four!

Non-Members:

\$175 per line/training



L.E.A.D.E.R.S Home Care Supervisors Webinar Training Series

(Please complete one form for each line registration)

Name: _____ Title: _____

Agency: _____ Phone: _____

Contact Email (Webinar Link and Instructions will be emailed to this address):

Introduction to Supervision - January 30th

Member: \$85/line Non-Member: \$175/line

Communicating Effectively - February 6th:

Member: \$85/line Non-Member: \$175/line

Providing Positive Motivation - February 13th

Member: \$85/line Non-Member: \$175/line

Coaching the Team - February 20th

Member: \$85/line Non-Member: \$175/line

Exclusive Offer for Council Members Only: Participate in All Four Trainings for Special Discounted Price of \$250!

Members Only: \$300/line

PAYMENT OPTIONS

TO PAY BY CHECK: Make check payable to Home Care Aide Council and mail to Home Care Aide Council, 124 Watertown Street, Suite 2E, Watertown, MA 02472

TO PAY BY CREDIT CARD: Complete form and forward to the Council office by mail, email to layala@hcacouncil.org or fax to (781) 209-5977

Number of Registrations/Lines: _____ Amount Total: _____

Please check one:

American Express MasterCard VISA Exp. Date ___/___(Month/Year)

CV Code (MC/Visa: 3 digit on reverse or AMEX: 4-digit code on front): _____

Card Number: _____

Cardholder's Name: _____

Billing Address: _____

City _____ State _____ Zip _____

Signature: _____

If you have any questions, please contact the Council by phone (617) 744-6561 or send an email to layala@hcacouncil.org.