



MENTAL HEALTH SUPPORTIVE HOME CARE AIDE (SHCA) TRAIN THE TRAINER PROGRAM

Thursday, April 18, 2019

Training Location:

**Elder Services of the Worcester Area (ESWA)
67 Millbrook St, Suite 100
Worcester, MA 01606**

9:00am- 2:00pm

Registration will begin at 9:00am. Program will start at 9:30am
Light breakfast and lunch will be provided

During this training, home care supervisors and educators will learn how to use the Council's new 12-hour Mental Health Supportive Home Care Aide curriculum designed to prepare home health aides to work with individuals with mental and behavioral health conditions. Additionally, attendees will be trained on how to provide the corresponding 3-hour Supervisor's Training, 'Partners in Care'. These curricula were created and piloted thanks to a grant from the Health Care Workforce Transformation Fund. The outcomes from the testing of the curriculum will also be shared with participants.

Attendees will receive a copy of both curricula, including the instructor's guides and student handbooks, and additional handouts required for teaching. A corresponding DVD will also be provided. Nursing CEUs will be provided.

Cost per Participant: \$175 for Members, \$125 for each additional participant from the same agency, \$350 for Non-Members

Space for this training is limited to the first 40 people to register!

If you are registered and cannot attend the training, at least 48 hour advance notice is required for a full refund.

For more information or to register, please call the Council's office at:
(617) 744-6561 or email Lesley Ayala at layala@hcacouncil.org

The Council would like to thank ESWA for generously hosting this very popular training opportunity

REGISTRATION FOR MENTAL HEALTH SUPPORTIVE HOME CARE AIDE TRAIN THE TRAINER

April 18, 2019

Council Member Registrations

First Registrant - \$175.00 per person

Name _____ Title _____

Agency _____ Nursing CEUs: YES _____ NO _____

Email _____ Phone _____

Additional Registrants from Same Organization - \$125.00 per person

Name: _____ Title _____

Email _____ Phone _____

Nursing CEUs: YES _____ NO _____

Name: _____ Title _____

Email _____ Phone _____

Nursing CEUs: YES _____ NO _____

(Duplicate this form for additional participants as needed)

Non-Member Registrations

Non-member Registration - \$350.00 per person

Name _____ Title _____

Agency _____ Nursing CEUs: YES _____ NO _____

Email _____ Phone _____

(Duplicate this form for additional participants as needed)

Council Members

One Registrant Only

Two Registrants

Three or More Registrants:

Total Cost = \$175.00

Total Cost = \$300.00

Total Registrations = _____

Total Cost = _____

Non-Members

Total Registrations = _____

Total Cost = _____

PAYMENT INFORMATION:

TO PAY BY CHECK: Make check payable to the Home Care Aide Council and mail to Home Care Aide Council, 46 Farwell St, 2nd Floor, Newton, MA 02460

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

Total Number of Registrations: _____

Amount Total Owed: _____

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, feel free to contact the Council office at 617-744-6561.