



UNDERSTANDING AND COMPLETING THE ASSISTED LIVING SIMPLIFIED RESIDENT ASSESSMENT TOOL FORMS (RAT)

DATE & LOCATION

THURSDAY, JULY 7, 2016

9:00 am – 1:15 pm

HANDELMAN CONFERENCE CENTER

10280 Old Columbia Rd, Suite 215
Columbia, MD

Registration & breakfast at 8:30 am

Doors open at 8:15 am

TARGET AUDIENCE

- Delegating Nurses
- Assisted Living Managers
- Other nurses in Assisted Living Facilities

FEES

- LifeSpan Members: \$85
- LifeSpan Nonmembers: \$180

CEU – 4.0

- Assisted Living Manager

PROGRAM

The focus of this program is the Assisted Living Simplified Resident Assessment Tool Forms and understanding who and how to use them. The participants will gain an understanding of the requirements, purpose of the forms, and their relationship to and use of the Service Plan as part of the assessment process.

OBJECTIVES

1. Understand when a delegating Nurse must complete a nursing assessment vs. who should and when to complete the RAT form
2. Understanding of the requirements for using the form
3. Demonstrate knowledge of how to complete the RAT forms

SPEAKER

Irene Bayer, RN, BSN, Delegating Nurse

Irene has been a registered nurse for over 20 years. She is approved by the Maryland Board of Nursing as an instructor of the Registered Nurse, Case Manager, Delegating Nurse Program.

Continuing Education Credits

This program is approved for 4.0 continuing education credits for assisted living managers. The program is approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators. The program is approved by the Office of Health Care Quality for assisted living manager continuing education.

Registration Policies

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.
2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.
3. Registrations and payment must be received no later than five days prior to the workshop.
4. We reserve the right to cancel this program due to insufficient registration.

Cancellation Policy

Refunds, minus a \$25 processing fee per registrant, will be honored if requested in writing five (5) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutions in their places without prior notification.

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are **CANCELLED**. Registrants will be contacted regarding rescheduling arrangements.

Directions to Seminar Site

The Handelman Conference Center

10280 Old Columbia Road, Suite 215

Columbia, Maryland 21046

410-381-2401

From Interstate 95:

Take Route 32 West—exit 38B—to wards Columbia. Exit at Shaker Drive—Eden Brook Drive keep right at the fork in the ramp, cross over bridge to Old Columbia Road. Turn right at the traffic light. Drive past the fire department and turn right after the group of mail boxes, 10280 River Center Industrial Park, (across from Guilford Road). Take a quick left then and immediate right. Go around the back of the parking lot and enter the building at the far end marked: **Handelman Conference Center, Suite 215**.

From Route 29:

Take Route 29 to Route 32 East (towards Fort Meade). Take your first exit (Shaker Drive—Eden Brook Drive) and bear to the right. (2) Go through traffic light. After light go 0.6 mile and make a right (across from Guilford Road) into 10280 Rivers Center Industrial Park. Take a quick left then and immediate right. Go around the back of the parking lot and enter the building at the far end marked **Handelman Conference Center, Suite 215**

From Frederick:

Take I-70 East towards Baltimore. Exit onto Route 32 South (Exit 80) to Columbia. Take Shaker Drive—Eden Brook Drive exit and bear to the right. Follow above directions at (2).

Registration Form

Understanding and Completing the Simplified Resident Assessment Tool Forms (RAT)

Thursday, July 7, 2016

PLEASE PRINT. Copy this form for multiple registrants. Please register and return by July 1, 2016.

Name _____ Title _____

Email (Work) _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: LifeSpan Members \$85 Non-members \$180 Total Amount Due \$ _____

Please mail with check payable to:

THE BEACON INSTITUTE, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046

Or fax with credit card information to **410.381.6061**



Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

Credit Card Mailing Address _____

Card Holder Email Address _____