

Essentials in Person Centered Dementia Care – Part 1 & 2

Objectives:

- Understand the impact of dementia on patients and their family members.
- Discuss the differences between Alzheimer's Disease and other types of Dementias.
- Discuss the symptoms and progression of dementia and learn tools for management of the disease and associated behaviors.
- Demonstrate learned interventions in a group setting.

When: June 18, 2015
8:30 am to 1:15 pm

Where: Fulton County Theater (Behind F&M Trust)
100 East Lincoln Highway
McConnellsburg, PA 17233

Registration is required. Lunch is served.

Deadline: June 8, 2015

4 Contact Hours offered

(CE fee for Social Workers is \$30.00 per 4 Contact hours for NASW-PA members and \$50.00 for non-NASW- PA members, payable to NASW-PA Chapter after the event. There is no charge for Nurses and PCH & Nursing Home Administrators Contact Hours)

Presenter: Janine Truehart, RN, BSN
Director of Nursing
Haven Behavioral Hospital



NASW-PA Chapter is a co-sponsor of this workshop. CEs will be awarded for completion of this course. NASW has been designed as a pre-approved provider of professional continuing education for social workers (Section 47.36) Marriage and Family Therapist (Section 48.36) and Professional Counselors (Section 49.36) by the PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

Application for approval of continuing education program is pending from the State Board of Examiners of Nursing Home Administrators.

This activity has been submitted to the PA State Nurses Association for approval to award contact hours. PA State Nurses Association for approval of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This education activity has been approved by the Department of Human Services -Adult Residential Licensing for PCH Administrators.

Registration Form:

Registration Deadline: June 8, 2015

Professional Title (check one):

- ☐ Direct Care Worker
- ☐ Certified Nursing Assistant
- ☐ Personal Care Attendant
- ☐ Companion
- ☐ Home Health Aide
- ☐ Nurse
- ☐ Social Worker
- ☐ Long Term Care Administrator
- ☐ PCH Administrator
- ☐ Other _____

Please PRINT

Name: _____

Address: _____

Email Address: _____

Phone #: _____

Organization: _____

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