

MI-NADONA/LTC presents:

ANTIBIOTIC STEWARDSHIP CERTIFICATE OF MASTERY



Jointly-Provided by



Learning Outcomes

The new NADONA Certificate of Mastery program will enable Post-Acute Care and Long-Term Care facilities to meet the new requirements for Antibiotic Stewardship. Upon completion of this workshop, participants will be able to describe the threats of antibiotic resistance and will be able to access resources to develop a comprehensive antibiotic stewardship program.

Contact Hours

This program will provide participants the opportunity to earn up to 8 nurse contact hours.

HCAM is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Lodging/Venue

This program will be held at the East Lansing Marriott located at 300 M.A.C. Ave., East Lansing, MI 48823. MI-NADONA/LTC has reserved a block of rooms at the rate of \$170++/night at the East Lansing Marriott. This rate expires on June 6, 2019. To reserve your room now:

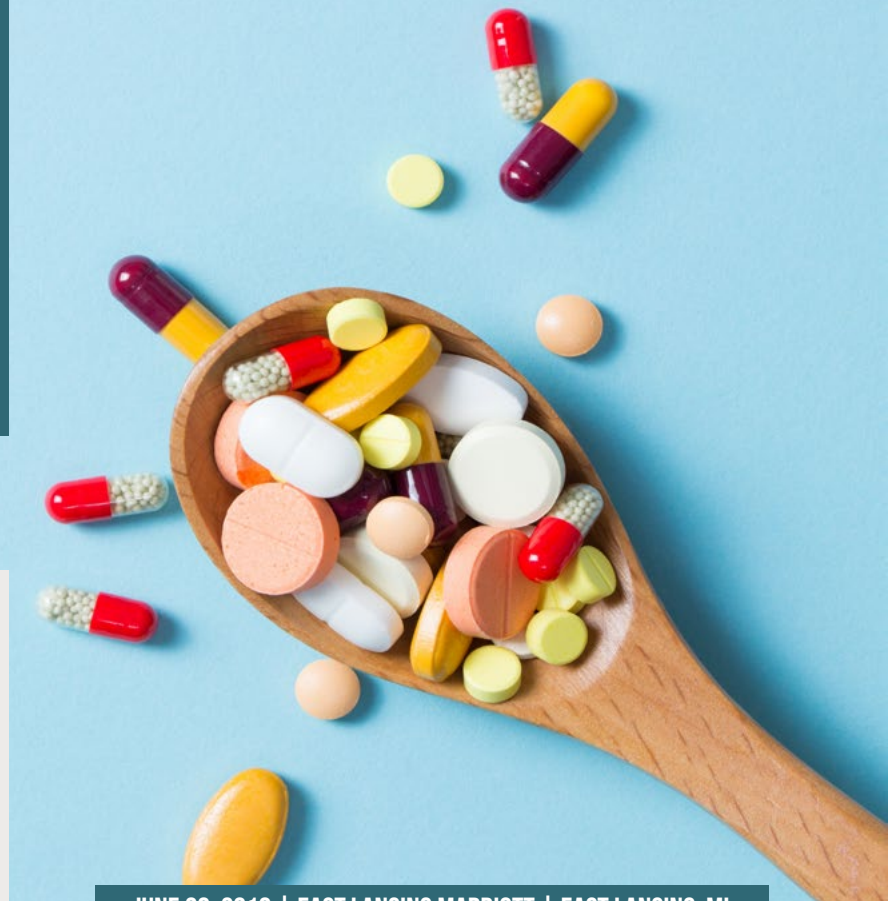
- Call 800-228-9290 and reference NADONA
- Book online now: <https://bit.ly/2WbHF14>

Parking

Please park in the ramp beneath the hotel. HCAM staff will provide you with a parking validation ticket to cover the parking fee at the conclusion of the program.

Faculty

This program will be presented by Cindy Fronning, RN-BC, IP-BC, AS-BC, RAC-CT, CDONA, FACDONA. Cindy is the Director of Education for NADONA.



JUNE 20, 2019 | EAST LANSING MARRIOTT | EAST LANSING, MI

NADONA Antibiotic Stewardship Certificate of Mastery (ASCOM)

You can't afford to miss this opportunity to educate your team on the core elements of antibiotic stewardship released by the CDC!

The new NADONA Certificate of Mastery program will enable Post-Acute Care and Long-Term Care facilities to fully meet the new requirements from the Centers for Medicare and Medicaid Services for the knowledge domain on Antibiotic Stewardship. The content of the program is also aligned directly with the Core Elements of Antibiotic Stewardship for Nursing Homes released by the Centers for Disease Control and Prevention.

Upon completion of the ASCOM program, a certificate of achievement will be earned and healthcare professionals will be eligible to sit for the board certification examination.

Completion of this exciting new program can also be counted as continuing education toward the renewal of your NADONA Infection Prevention-Board Certification.

The new professional certification is open to nursing professionals as well as pharmacists and infection preventionists. To be eligible for the board certification in antibiotic stewardship, the NADONA Antibiotic Stewardship Certificate of Mastery (ASCOM) must first be completed.

MI-NADONA/LTC

ANTIBIOTIC STEWARDSHIP CERTIFICATE OF MASTERY

June 20, 2019
East Lansing, MI



\$299

MI-NADONA/LTC
Member Rate
BEFORE May 17, 2019

\$350

MI-NADONA/LTC
Member Rate
AFTER May 17, 2019

\$400

Non-Member Rate

Registration Information

Attendee Name: _____

Attendee Title: _____

Attendee Email Address: _____

Facility/Company Name: _____

Facility/Company Address: _____

Facility/Company City/State/Zip: _____

Phone Number: _____

Payment Information

	Visa	Mastercard	American Express
Payment Method:	Discover	Check/Money Order	

Credit Card Number: _____

Expiration: _____

Three Digit Security Code: _____

Billing Zip Code: _____

Cardholder Name: _____

Cardholder Signature & Date: _____

HCAM Registration Policies

Registration
Please utilize this form to register for the 2019 MI-NADONA/LTC Antibiotic Stewardship Certificate of Mastery Course. Completed forms should be mailed to HCAM at 7413 Westshire Dr., Lansing, MI 48917 or faxed to (517) 627-3016.

Event Confirmation
After your registration form has been processed, an event confirmation will be emailed to your attention. Please be sure to include a current email address on this form. If you do not receive a confirmation within 14 business days, please contact Kisti via email at KistiBoatright@hcam.org.

Cancellation & Refund Policy
All refund requests must be made in writing by e-mail to KistiBoatright@hcam.org. Telephone cancellations will NOT be accepted. Individual registration fees, less a 25% processing fee, will be refunded for cancellations received in writing prior to May 17. Cancellations received after May 17 and no-show registrants, will not receive a refund nor a credit to a future program.

Substitutions

Individuals registered to attend this program, but unable to participate, may send an alternate in their place. Please contact Kisti at KistiBoatright@hcam.org with the first and last name, title, and facility/company of both the original registrant and the alternate to process this request.

Dietary Restrictions/Special Accommodations

Individuals with special dietary restrictions, or those who require special accommodations to fully participate in this program, should contact HCAM in writing by e-mail to KistiBoatright@hcam.org at the time of registration, detailing their request or restriction.

Consent to Use of Photographic Images

Registration and attendance at, or participating in, MI-NADONA/LTC and HCAM events and/or activities constitutes an agreement by the registrant to MI-NADONA/LTC and HCAM's use and distribution (both now and in the future) of the registrant/attendee's image or voice in photographs, videotapes, electronic reproductions and audiotapes of such events.

Questions

Should you have questions, please contact Kisti by phone at (517) 622-6194 or by email at KistiBoatright@hcam.org.

To register now, submit this form by fax to (517) 627-3016 or by mail to HCAM, 7413 Westshire Dr, Lansing, MI 48917

MEMBERSHIP APPLICATION

A Membership Organization dedicated to Nurses in the Long Term Care Continuum

New Renew

Please print clearly (use one form per applicant or update renewal notice information)

Tell Us About You *Select all that apply:* CDONA FACDONA CALN CLPN GDCN

First Name

Last Name

Home Address

City

State

Zip

Home Phone

Home Email

Tell Us About Your Career

Skilled Nursing **Assisted Living** **Retired**

Corporation

Facility/Community Name

Facility/Community Address

City

State

Zip

County

Facility Phone (please include extension)

Work Email

Title

License# and State Issued

Type of license (RN, LPN, LVN)

Membership Dues

PLEASE SUBMIT FEES FOR DUES AS LISTED BELOW

If you do not see your state, inquire about beginning a chapter in your state!

STATE	1 YR	2 YR	STATE	1 YR	2 YR	STATE	1 YR	2 YR	STATE	1 YR	2 YR
Alabama	\$110	\$195	Illinois	\$115	\$210	Mississippi	\$110	\$195	Ohio	\$130	\$235
Arizona	\$115	\$200	Indiana	\$115	\$200	Missouri	\$120	\$210	Oklahoma	\$115	\$210
Arkansas	\$110	\$190	Kansas	\$115	\$200	Montana	\$110	\$195	Pennsylvania	\$115	\$205
California	\$110	\$200	Kentucky	\$115	\$210	Nevada	\$130	\$235	South Carolina	\$115	\$210
Colorado	\$110	\$200	Louisiana	\$110	\$200	New Hampshire	\$115	\$200	Tennessee	\$115	\$210
Connecticut	\$115	\$210	Maine	\$110	\$200	New Jersey	\$130	\$235	Texas	\$125	\$225
Florida	\$125	\$230	Maryland	\$125	\$230	New Mexico	\$115	\$210	Virginia	\$115	\$200
Georgia	\$115	\$205	Massachusetts	\$125	\$215	New York	\$120	\$215	Washington	\$115	\$210
Hawaii	\$120	\$220	Michigan	\$120	\$220	North Carolina	\$115	\$210	West Virginia	\$110	\$200
Idaho	\$110	\$195	Minnesota	\$115	\$210	North Dakota	\$125	\$230	Wyoming	\$110	\$195

For all States not listed, please pay \$90.00 for one year; \$160.00 for two years membership

How Would You Like to Pay?

Check Enclosed **Visa** **MasterCard** **American Express** **Discover**

Name as it appears on card: _____

Billing Address (if different from above) _____

Card#: _____ **Expiration Date:** ____/____

Signature: _____

Contributions or gifts to the National Association of Directors of Nursing Administration in Long Term Care, Inc. are not tax deductible as charitable contributions.

However, they may be deductible as ordinary and necessary business expenses.

Make check or money order payable to: NADONA/LTC, 1329 E. Kemper Road * Suite 4100A * Cincinnati, OH 45246

FOR Credit Cards only - fax request to (513) 791-3699

Apply for membership on our website with Visa/Mastercard/American Express/Discover @ www.nadona.org

Membership question? Call NADONA/LTC toll free 800-222-0539 or Email us at membership@nadona.org