|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Class Title*** | ***Host Site/Location*** | ***Time of Class*** | ***Date Of Class*** | ***Registration Deadline*** |
| **CPR/AED AHA Guidelines****Space is Limited*****Certificates of Attendance will be issued/Card Fee Applies if Needed*** | **Professional Firefighters of Marion County**1826 NE 2nd Avenue Ocala, FL 34470 | 10:00am-1:00pm | April 20th 2022 | Registration Deadline is April 14th 2022 |
| **First Aid AHA Guidelines****Space is Limited*****Certificates of Attendance will be issued/Card Fee Applies if Needed*** | **Professional Firefighters of Marion County**1826 NE 2nd Avenue Ocala, FL 34470 | 1:00pm-3:00pm  | April 20th 2022 | Registration Deadline is April 14th 2022 |
| **Alzheimer’s Disease & Related Disorders Level One, Level Two and Update, HIV/Infect Control, ADL’s, Major Incidents, Residents Rights & Food Handling.****Availability Limited****Per Request**  | **To request Classes** **Please Call** **Brandy Gregg** **352-219-4070** | *Classes may be held at facility location and must be in accordance with CDC Guidelines* |  |  |

**Education Calendar April 2022**

**\*\*Questions Please Contact Senior Care Solutions Online Phone 352-219-4070\*\***

**\*\*Fax Completed Registration form to 1-866-510-6605\*\***

**or Email to bgregg@seniorcaresolutionsonline.com prior to Registration Deadline**

**Sorry but we CANNOT ACCEPT VERBAL REGISTRATIONS**

  **Excellence in Education** 

**IMPORTANT UPDATE REGARDING CERTIFICATES OF COMPLETION**

**PLEASE NOTE CERTIFICATES WILL BE GIVEN OUT TO PARTICPANTS DAY OF CLASS COMPLETION. IT WILL BE THE PARTICIPANTS RESPONSIBLILTY TO PROVIDE A COPY OF THE CERTIFICATE TO THEIR EMPLOYER.**

**DUPLICATE CERTIFICATES MAY BE AVAILBLE FOR A FEE.**

***We will call your facility to confirm/decline your registration following registration deadline, if you do not receive a call, please call Brandy at 352-219-4070.***

**April 2022**

**Registration Form**

***Registration Requirements & Class Guidelines***

1. **Registration form must be completed and submitted prior to registration deadline**.
2. All persons attending classes must be pre-registered; walk-ins will be turned away.
3. Any student arriving more than 5 minutes past the posted start time of class will be turned away.
4. No use of any electronic devices during class time, students will be asked to leave class if caught using any such device during class. This includes Vaping/E-cigarettes.
5. Proper work attire is required & students may want to bring their own lunch, as time is limited.
6. Respectful behavior is required & no sleeping during class. Students who cannot follow class rules will be asked to leave.

Facility Name & Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name at Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Email Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an IMS Pharmacy Customer? YES\_\_\_ NO\_\_\_

**Date(s) of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Print Attendees Name** | **ADRD 1** | **ADRD 2** | **ADRD Update** | **CPR** | **1st Aid** | **HIV/IC** | **Food Handle** | **Major Incident** | **ADLS** | **Resident Rights** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |

**\*\*Fax Completed Registration form to 1-866-510-6605\*\***