

REGIONAL COLLABORATIVES

Registration Form



CALIFORNIA CULTURE
CHANGE COALITION

Regional Collaboratives

You can register online at www.calculturechange.org

or mail your registration along with a check to:

California Culture Change Coalition, 3313 Cutter Way • Sacramento, CA 95818

Registration will not be processed without payment. Space is limited.

Once you have registered you will receive e-mail confirmation and location information.

Our Collaboratives
fulfill the P-credit
requirements for
administrators

Registration Fee:

\$999 per nursing home team (four to six people are recommended) for the entire year. Registration includes a year of quarterly learning sessions and interim monthly support meetings. Lunch is included in the price and we provide CEUs for Nursing Home Administrators (P credits); Licensed Nurses, and Certified Nursing Assistants.

Refunds and cancellations: To receive a refund, you must notify us prior to the start date of the first session. After that no refunds will be given, however another member of your nursing home team can attend in your place and up to six team members can attend each session.

Locations:

- Sacramento
- Stockton
- Oakland
- Palo Alto
- San Diego

Start Date:

- January 6, 2010
- January 6, 2010
- January 14, 2010
- January 14, 2010
- January 20, 2010



MULTI HOME DISCOUNTS

Register 4 nursing homes and Get the 5th one FREE.

25% discount after five nursing homes are registered

Payment arrangements can be made

Registration Information:

Facility: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail address: _____

To get the most out of the quarterly learning sessions it is recommended that each facility assemble a team of employees that will collaborate together for the entire quarter. Facilities can rotate in new team members at the beginning of each quarter with no additional cost.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

We are approved by the Nursing Home Administrator Program (NHAP Provider #1713); the Board of Registered Nursing (BRN Provider # CEP 15331) and the Nursing Assistant Training Program (Provider #6715)