



Activities Director Training Program Social Services Directors Training Program

The **Oklahoma Association of Health Care Providers** will be conducting the following training programs in 2012 for Activities Directors & Social Services Directors serving in LTC facilities across Oklahoma.

COURSE SCHEDULE: (3 class offerings available)

Activities Directors only: March 5, 6, 12 & 13, 2012 (must attend all 4 days)

Social Services Directors only: March 12, 13, 19, & 20, 2012 (must attend all 4 days)

Dual Position (AD & SSD): March 5, 6, 12, 13, 19 & 20, 2012 (must attend all 6 days)

Activities Directors only: July 16, 17, 23 & 24, 2012 (must attend all 4 days)

Social Services Directors only: July 23, 24, 30 & 31, 2012 (must attend all 4 days)

Dual Position (AD & SSD): July 16, 17, 23, 24, 30 & 31, 2012 (must attend all 6 days)

Activities Directors only: October 8, 9, 15 & 16, 2012 (must attend all 4 days)

Social Services Directors only: October 15, 16, 22 & 23, 2012 (must attend all 4 days)

Dual Position (AD & SSD): October 8, 9, 15, 16, 22 & 23, 2012 (must attend all 6 days)

LOCATION:

Oklahoma Association of Health Care Providers office - 200 N.E. 28th Street - Oklahoma City, OK 73105 (not handicap accessible) - **2nd floor board room (stairs only)**

TIME:

Check-in - 8:00 a.m. to 8:30 a.m.

Program conducted - 8:30 a.m. – 4:45 p.m.

NO ADMITTANCE AFTER 9:00 A.M.

COST (per person):

4-day training program (AD OR SSD) - \$250 member/\$350 nonmember

6-day training program (AD AND SSD) - \$400 member/\$500 nonmember

Attendance is required all class days for program completion. **CHECK-IN EACH DAY WILL BE FROM 8:00 A.M. - 8:30 A.M. WITH CLASS BEGINNING AT 8:30 A.M. No one will be allowed in class after 9:00 a.m. and participants must stay until end of class day.** *Please bring a sweater for your comfort.* Detailed daily agendas will be distributed during check-in.

REGULATION REQUIREMENTS:

The Oklahoma State Department of Health requires an **Activities Director** be qualified by training, or experience, ***under one of the following:*** (1) An associate degree or a baccalaureate from an accredited university or college in art, music, physical education, recreational therapy, education or similar program. (2) A licensed occupational therapist or an occupational therapy assistant. (3) Successful completion of a Department approved training course. (4) One year experience in a recreational activity or long-term care environment, and is enrolled within 180 days of employment, in a Department approved course for activities directors. A **Social Services Director** shall be qualified by training, or experience, under one of the following: (1) A baccalaureate, from an accredited college or university, in social work or in a human services field including, but not limited to, sociology, special education, rehabilitation, counseling or psychology. (2) Successful completion of the Department approved training course. (3) One year experience in social work or long term care environment, and is enrolled within 180 days of employment, in a course approved by the Department.

COURSE CONTENT:

The faculty of administrators, activities directors, social services directors, regulators and educators will give students a complete view of their responsibilities. *The Oklahoma State Department of Health has approved both programs to qualify for employment as an Activities Director and/or Social Services Director.*

Day's 3 and 4 will be a day of shared information where both Activities and Social Services will gather together to discuss issues related to both positions. Topics to include: MDS, Culture Change, Survey Process and much more.

REGISTRATION/PAYMENT DEADLINE DATE:

Registration and payment deadline is 5 business days before first class day. **NO PERSONAL CHECKS** please.

Registration and payment must be received in advance of class or participant will not be allowed to attend. Course materials will not be available for those not pre-registered.

TRAINING CERTIFICATE WILL NOT BE ISSUED UNTIL PAYMENT IS RECEIVED.

CANCELLATION FEES: Cancellations received before 10 days of class date will receive full refund; cancellations received within 10-days of class date will receive credit minus: 4-day program = \$65 (member) or \$75 (non-member); 6-day program = \$85 (member) or \$95 (non-member) cancellation fee. Cancellations **MUST BE CALLED (405-524-8338) OR FAXED (405-524-8354) to OAHCP office.** Substitutions may be made with proper paperwork prior to class. **Credits/refunds will not be issued if cancellation is not received into OAHCP office by class start date. No-shows will not receive credit/refunds.**

LODGING:

Hotel reservations are the responsibility of the participant. Hotels listed are for your convenience:

Best Western Broadway Inn and Suites – 6101 North Santa Fe Avenue, OKC – 405-848-1919 (mention OAHCP for discounted rate).

Bricktown Hotel & Convention Center – 2001 E. Reno Avenue, OKC – 405-235-1647 or 1-866-378-0966

Courtyard Oklahoma City Downtown – 2 West Reno Avenue, OKC – 405-232-2290

FACULTY:

Lynn Richardson: AD/SSD Qualified 1992; Activity Director since 1992; OAHCP AD/SSD of the Year 2004; OAHCP Instructor since 1998

Shelly Sparks: AD/SSD Qualified 2003; Social Services Director 5 years; Social Services Specialist II for Oklahoma State Department of Human Services with one year in Long-Term Care Division and Advantage program; OAHCP Instructor since 2005.

Phyllis Carson: QMRP since 2003; Licensed Administrator since 2004; Quality Assurance Consultant since 1996; Long Term Care Social Worker since 1990; OAHCP Instructor since 1996

Karen Elliott: Areawide Aging Agency Long-Term Care Ombudsman Supervisor

Karen Gray: Training Programs Manager – Oklahoma State Department of Health

Marietta Lynch: Registered Nurse, Director of Quality Assurance and Regulatory Services

Heidi Appling: Doctor of Pharmacy

ATTENTION PARTICIPANT

Items to Bring to Class

Each participant is **REQUESTED** to bring the following to the 1st day of Activities class.

- **30 copies of your current activity calendar. Before you make copies please print your name, facility name and telephone number on the original before copying. This will allow each participant to receive different calendars (for helpful ideas) and have your name and phone number in case they have questions.**
- **30 copies of a craft/helpful hint idea. You may bring instructions to a craft project that your residents make or a helpful hint on paperwork short cuts or any other helpful hint that you have determined works for you. This allows everyone to go home with craft ideas that work in facilities and/or a helpful hint that will enable them to do their jobs more successful. Again, before making copies please put your name, facility name and telephone number on original so when everyone receives their copy your name and number will be included in case they have questions. *If you would like to bring the finished product of a craft project for show and tell please do so. This will enable those to see the finished project before going home and making it themselves.***
- **If you have a neat craft project that you would like to donate as a door prize please bring it. We will have drawings throughout the day for those bringing craft projects to donate as door prizes.**
- **A small rock and be able to explain to class why you picked this particular rock. This will be used for an in-service training.**

You may want to bring a sweater or light jacket to class each day.

Temperature varies for each person and is hard to control; dress is casual but not too cool.

Also, you may want to bring a pad and pen for note taking and a LARGE bag to carry all class materials.

Oklahoma Association of Health Care Providers

ACTIVITIES DIRECTORS TRAINING

SOCIAL SERVICES DIRECTORS TRAINING

Please complete and mail or fax to: *Oklahoma Association of Health Care Providers*
200 N.E. 28th Oklahoma City, OK 73105
phone: 405-524-8338 fax: 405-524-8354

Program Fees: (per person)

Activities Directors Training only - (4-day program) - \$250 member / \$350 non-member
Social Services Directors Training only-(4-day program)-\$250 member/\$350 non-member
Activities Directors & Social Services Directors-Dual - (6-day program)-\$400 member / \$500 non-member

Location:

Oklahoma Association of Health Care Providers office - 200 N.E. 28th Street - Oklahoma City, OK 73105 (not handicap accessible) - **2nd floor board room (stairs only)**

Class dates: (please CIRCLE program dates planning to attend):

Activities only: March 5, 6, 12 & 13, 2012 July 16, 17, 23 & 24, 2012 October 8, 9, 15 & 16, 2012

Social Services only: March 12, 13, 19, & 20, 2012 July 23, 24, 30 & 31, 2012 October 15, 16, 22 & 23, 2012

Dual Position (both AD & SSD):

March 5, 6, 12, 13, 19 & 20, 2012 July 16, 17, 23, 24, 30 & 31, 2012 October 8, 9, 15, 16, 22 & 23, 2012

NURSING FACILITY: _____

FACILITY MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____ FAX #: _____ EMAIL: _____

NAME: _____
(Print)

NAME: _____
(Print)

Registration and payment deadline is 5 business days before first class day. **NO PERSONAL CHECKS** please.
Registration and payment must be received in advance of class or participant will not be allowed to attend. Course materials will not be available for those not pre-registered. **TRAINING CERTIFICATE WILL NOT BE ISSUED UNTIL PAYMENT IS RECEIVED.** **CANCELLATION FEES:** Cancellations received before 10 days of class date will receive full refund; cancellations received within 10-days of class date will receive credit minus: 4-day program = \$65 (member) or \$75 (non-member); 6-day program = \$85 (member) or \$95 (non-member) cancellation fee. Cancellations **MUST BE CALLED (405-524-8338) OR FAXED (405-524-8354)** to OAHCP office. Substitutions may be made with proper paperwork prior to class. **Credits/refunds will not be issued if cancellation is not received into OAHCP office by class start date. No-shows will not receive credit/refunds.**

CLASS TIME: Check-in 8:00 a.m. Class - 8:30 to 4:45 - no admittance after 9:00

Credit Card Information

Facility name: _____

Individual name: _____

MasterCard _____ Visa _____ AMEX _____ Discover _____

Amount to be charged \$ _____

Card # _____ Expiration date: _____

Cardholder name: _____

Signature: _____

For Office Use Only

Date: _____

Approval code: _____

Class number: _____

Initials: _____