

## Tuition

**\*Member Rate — \$345**

**\*\*Nonmember Rate — \$565**

Tuition includes CEs, lunch, course materials and a free copy of CHA's updated 2017 *Consent Manual*. \* Members are CHA member hospitals, CHA associate members and government agencies. \*\* Nonmembers are limited to non-hospital health care providers, clinics, post-acute facilities, and consultants, insurance companies, law firms and other entities that serve hospitals. Education programs and publications are a membership benefit and are not available to eligible nonmember hospitals.

## Continuing Education

Full attendance at the educational session is a prerequisite for receiving professional continuing education. Attendees must sign in at the seminar and, when required, include their professional license number. Certificates will be emailed.

**Behavioral/Social Work** — Course meets the qualifications for 5.5 hours of continuing education credit for LMFTs or LCSWs as required by the California Board of Behavioral Sciences. CHA is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs or LCSWs. Provider approval number 128427. CHA maintains responsibility for this program/course and its content.

**Compliance** — Application has been made to the Health Care Compliance Certification Board for approval to award Health Care Compliance Association continuing education credit for this seminar.

**Health Care Executives** — CHA is authorized to award 5.5 hours of pre-approved ACHE Qualified Education credit for this program toward advancement, or recertification, in the American College of Healthcare Executives. Participants in this program who wish to have the continuing education hours applied toward ACHE Qualified Education credit must self-report their participation. To self-report, participants must log into their MyACHE account and select ACHE Qualified Education Credit.

**Health Information** — Application has been made to the American Health Information Management Association (AHIMA) for continuing education program approval.

**Legal** — CHA is a State Bar of California approved MCLE provider. This participatory activity has been approved for 5.5 hours of MCLE credit. Provider #1980.

**Nursing** — Provider approved by the California Board of Registered Nursing, CEP #11924, for 6.6 Contact Hours.

**Risk Manager** — Application has been made to the American Society for Healthcare Risk Management (ASHRM) to award continuing education toward the fulfillment of FASHRM (Fellow), DFASHRM (Distinguished Fellow), and CPHRM renewal.

## Additional Information

**Cancellation Policy/Late Payment:** A \$50 non-refundable processing fee will be retained for each cancellation. Cancellations must be made in writing seven or more days prior to the scheduled session and emailed to education@calhospital.org. No refunds will be made after these dates. Substitutions are encouraged. Please note: payment is due on or before program. Payments not received by the seminar date may be subject to a 10% late fee. **Special Accommodations or Questions:** If you require special accommodations pursuant to the Americans with Disabilities Act, or have other questions, please call (916) 552-7637. **Quality Assurance/Grievance:** We welcome your feedback. If you have any concerns or dissatisfaction with the quality of a CHA education program, or would like to view our policy, please contact Liz Mekjavich, Director, Education at 916.552.7500 or email lmekjavich@calhospital.org.

## Three Ways to Register

**Online:** [www.calhospital.org/consent-law](http://www.calhospital.org/consent-law)

**Mail:** California Hospital Association  
Education Department  
1215 K Street, Suite 800  
Sacramento, CA 95814

**Fax:** Fax registration to (916) 552-7506  
with credit card information



*Register online*

This is a one-day seminar; check the location you will attend:

- |                                                    |                                               |                                                   |
|----------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> <b>April 24</b> San Diego | <input type="checkbox"/> <b>May 9</b> Fresno  | <input type="checkbox"/> <b>May 17</b> Glendale   |
| <input type="checkbox"/> <b>April 25</b> Ontario   | <input type="checkbox"/> <b>May 16</b> Irvine | <input type="checkbox"/> <b>May 31</b> Sacramento |
|                                                    |                                               | <input type="checkbox"/> <b>June 1</b> San Ramon  |

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: (required) \_\_\_\_\_

Cc Email: (optional) \_\_\_\_\_

Dietary Request:  Vegetarian  Food Allergies: \_\_\_\_\_

Special Requests Pursuant to ADA: \_\_\_\_\_

### CEs:

Beh./Soc.Wrk. (# req.) \_\_\_\_\_  Risk Manager

Compliance  Legal (# req.) \_\_\_\_\_

Health Care Executives  Nursing (# req.) \_\_\_\_\_

Health Information

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### Payment:

Check enclosed. Make check payable to CAHHS/CHA and include registrant's name.

Credit Card (check one):  VISA  MC  AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_