

Tuition

***Member Rate — \$345**

****Nonmember Rate — \$565**

Includes a free copy of CHA's 2017 Mental Health Law Manual.

Tuition also includes CEs and lunch.* 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. (View learning objectives at www.calhospital.org/managing-patients-behavioral-health.)

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.

Legal — CHA is a State Bar of California approved MCLE provider. Provider #1980. This participatory activity has been approved for 3 hours of MCLE credit for the following sessions only: "5150's Impact on Emergency Departments" and "EMTALA and 5150s — A No-Holds-Barred Review."

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

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 Robyn Thomason, Director, Education Program Development at (916) 552-7514 or email rthomason@calhospital.org.

Three Ways to Register

Online: www.calhospital.org/managing-patients-behavioral-health

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:

July 11 Sacramento

July 25 Pasadena

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: (required) _____

Cc Email: (optional) _____

Dietary Request: Vegetarian Food Allergies: _____

Special Requests Pursuant to ADA: _____

CEs:

Behavioral/Social Work (# req.) _____

Health Care Executives

Legal (# req.) _____

Nursing (# req.) _____

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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: _____