

Tuition

***Member Rate — \$360**

****Nonmember Rate — \$570**

Tuition includes CEs, lunch and a free CHA 2018 *Consent Manual* – both print and PDF copies. The PDF version of the manual will be licensed for individual use only. * 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 required to receive 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 — This education activity has been submitted to the Compliance Certification Board (CCB)® and is currently pending their review for continuing education.

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

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

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> April 24 Fresno | <input type="checkbox"/> May 10 Ontario | <input type="checkbox"/> May 30 Sacramento |
| <input type="checkbox"/> May 9 San Diego | <input type="checkbox"/> May 15 Costa Mesa | <input type="checkbox"/> May 31 San Ramon |
| | | <input type="checkbox"/> June 5 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:

- | | |
|---|---|
| <input type="checkbox"/> Beh./Soc.Wrk. (# req.) _____ | <input type="checkbox"/> Risk Manager |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Legal (# req.) _____ |
| <input type="checkbox"/> Health Care Executives | <input type="checkbox"/> Nursing (# req.) _____ |
| <input type="checkbox"/> Health Information | |

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| <input type="checkbox"/> **Nonmember Rate | \$570 |

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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: _____