

Activity Director Workshop

Missouri Association of Nursing Home Administrators

Purpose

This course is designed to teach the long-term care activity director how:

- To stimulate physical and physical and psychosocial abilities in residents and how to promote selfworth and usefulness in the resident.
- To explain the activity director's role within the long-term care team and
- Enhance the activity director's career through the sharing of ideas and programs.

Instructor

Tammie Henderson - Tammie is currently the Administrator of McLarney Manor, a 60 skilled bed nursing facility in Brookfield. She has worked as a recreational therapist in the areas of geriatric psych units, acute hospitals, and long-term care facilities. She received her Bachelor of Science Degree from Truman State University in Kirksville.

Certificate of Attendance

In order to receive a certificate, you must attend the entire workshop. Upon successful completion, a certificate will be given to individual. *Certificates cannot be issued until full payment is received.*

Fees

\$345 per person

Agenda

Schedule will remain the same for both sessions

Registration (Monday only) 8:30 am - 9:00 am

Workshop (Daily) 8:30 am - 4:00 pm

Dates and Location

March 7-11, 2016

4100 Country Club Drive

Jefferson City, MO 65109

(573) 634-5345 – Fax: (573) 634-8590

October 10-14, 2016

4100 Country Club Drive

Jefferson City, MO 65109

(573) 634-5345 - Fax: 573-634-8590

Hotel Accommodations Available Nearby

Hampton Inn

4800 Country Club Drive

Jefferson City, MO 65109

(573) 634-7440

Hotel accommodations are the responsibility of the attendee

Fairfield Inn & Suites by Marriott

3621 Truman Blvd

Jefferson City, MO 65109

(573) 761-0400

Registrants will receive the Activity Director's Manual at the workshop.

Supplies you need to bring to class each day

Paper and Pencil

- 1 roll of clear contact paper
 - 12 Poker chips
 - 1 piece of poster board (white)
 - 1 empty cereal box
 - 2 dice
 - Scissors
- Glue
Markers
Job Description

One activity that has been successful at your facility. Enough copies, supplies etc. for the class. Usually 15-20.

**Missouri Association of Nursing Home Administrators
Registration Form**

Name: _____ Day Phone# _____
Home Address _____ e-mail address _____

Facility Name: _____ Phone# _____ Fax# _____
Facility Address _____ City/State/Zip _____

Please mark the course(s) you wish to attend: Date you want to attend: _____

CNA Inst/Exam _____ (requires letter of approval with registration) Lisc # RN _____

Clinical Supervisor _____ Lisc. # RN or LPN _____
Social Security # _____ for above classes

Social Service Designee _____
Activity Director _____

ALF Assessor _____ are you a RN or LPN # _____ Administrator # _____ Or Other _____

Preceptor _____ Administrator # _____
Preceptor update _____ Administrator # _____

State Study Course _____ RCAL State _____ RCAL National _____

Payment Information:

Enclosed please find \$ _____ Method of payment (circle one) Check Visa MC Discover

Card # _____ Expiration Date _____ 3 digit code # _____

Name on Card _____ Address _____

City/State/Zip _____

Submit all required documentation and this form to:

Missouri Association of Nursing Home Administrators
4100 Country Club Drive
Jefferson City, Mo 65109
Phone: 573-634-5345 Fax: 573-634-8590
Email: gaylas@mlnha.org