**DATE & LOCATION**

July 21-23, 2020
8:00 am – 5:00 pm
Handelman Conference Center
7090 Samuel Morse Drive
Suite 400
Columbia, Maryland

Registration/breakfast begins at 7:30 am. Doors open at 7:30 am

**TARGET AUDIENCE**

- Directors / Nurse Assistant of nursing services, nursing home administrators, vice presidents of clinical services, and other long-term care professionals with management responsibilities.

**CE — 22.5 (See Back)**

**Fees (See Back)**

**TOPICS**

1. Leadership & Management
2. Risk Management
3. Quality Assurance and Performance Improvement
5. Survey Readiness 24/7/365
6. Survey Management and Enforcement
7. Quality Indicator Survey Essentials
8. Essential Business Skills
9. MDS and Medicare Process Essentials
10. Care Management and Surveillance Systems

**PROGRAM**

Take your leadership and management talents to the next level with a preparatory workshop for AADNS’s Director of Nursing Services—Certified (DNS-CT) certification. Earning this credential validates your expertise, gives you the advantage among your peers, and helps you improve quality, communication, and resident care throughout your facility.

The DNS-CT credential from AADNS shows that you have the leadership and management skills and knowledge to excel as a DON. Certification confirms that you have met nationally recognized standards of expertise for directors of nursing services in long-term care, that you are up-to-date with the rules and regulations, and that you can lead and nurture your team.

This three-day workshop will complement your nursing expertise with leadership and management skills.

**OBJECTIVES**

These courses will help you prepare for the exam and provide you with a greater understanding of long-term care with proven strategies. You will learn how to:

1. Excel during surveys using tested best practices
2. Apply a team approach to quality improvement that honors resident preferences and leverages staff skills
3. Protect your residents with risk management plans that adhere to current compliance standards
4. Prevent burnout and minimize facility turnover by promoting communication and participation
5. Comply with human resource regulations, laws, and challenges, no matter the situation
6. Complement your nursing expertise with strong management skills

**IMPORTANT**

**ELECTRONIC HANDOUTS**

Handouts will be provided to attendees electronically for this workshop. Students can download the materials to her/his device of choice to bring to the workshop. Students also have the option to download and print the materials. Access information will be sent via email to each student prior to the beginning of the workshop.

**CERTIFICATION**

To earn the DNS-CT certification, candidates must:

- Hold a current RN license
- Have the equivalent of two years of full-time long-term or post-acute care experience, with a minimum of one year of experience either as a DNS/ADON or relevant nursing leadership experience
- Pass the DNS-CT certification exam with a score of 80% or better. DNS-CT is valid for two years.

**SPEAKERS**

Linda Winston RN, MSN, BS, RAC-CT, DNS-MT, QCP-MT
Barbara Bates RN, MSN, RAC-CT, DNS-MT, QCP-MT
REGISTRATION FORM
AADNS DNS-CT Prep Workshop
July 21-23, 2020

Name ____________________________  Title ____________________________

Email (REQUIRED) ____________________________

AADNS Member Number (If Applicable) ____________________________

NH Administrator License ____________________________  NAB CE Registry ID # __________

Organization Name ____________________________

Organization Address ____________________________

City ____________________________  State ____________________________  Zip ____________________________

Work Phone ____________________________  Fax ____________________________

Fee:  Lifespan Member & Nonmember _____  AADNS Member _____  Total Amount Due: __________

Please mail with check payable to: THE BEACON INSTITUTE, 7090 Samuel Morse Dive, Suite 400, Columbia, MD 21046
Or fax with credit card information to 410.381.6061

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Name on Card ____________________________  Account No. ____________________________

CVV2 Security Code _________  Expiration Date _________  Signature ____________________________

Credit Card Billing Address ____________________________

Card Holder Email Address ____________________________

For additional information please call Annmarie Gordon at 410.381.2401, x240 or agordon@lifespan-network.org