

CONDITIONS OF PARTICIPATION FOR THE ICF/IID PROVIDER

June 27, 2018

10:00 AM - 3:00 PM

Your opportunity to review the Eight Conditions of Participation of the ICF/IID requirements.

1. *GOVERNING BODY*
2. *CLIENT PROTECTIONS*
3. *FACILITY STAFFING*
4. *ACTIVE TREATMENT*
5. *CLIENT BEHAVIOR AND FACILITY PRACTICES*
6. *HEALTH CARE SERVICES*
7. *PHYSICAL ENVIRONMENT*
8. *DIETARY SERVICES*

The class will provide the attendee with a review of the ICF/IID facility types in California, Links that interconnect the Conditions of Participation, survey types, survey tips, survey compliance and plans of correction.

Location

Tupaz Homes LLC
3015 Union Ave
San Jose, CA
95124

CE Hours

4 BRN
4 NHAP

Register at www.qchf.org

QUALITY CARE



Conditions of Participation for the ICF/IID Provider

Attendee Information

First Name: _____ MI: ____ Last Name: _____

Title: _____ Company/Facility Name: _____

Work Address: _____ City: _____

State: ____ Zip: _____ Phone: _____ Ext. _____

Individual Attendee's Email Address: _____
(Required for Confirmation and CEs)

License No: _____ Type: _____ Exp "MM/DD/YYYY": _____
(Required if applicable)

Date: June 27, 2018 • 10:00 am - 3:00 pm (Registration begins at 9:30 am)

Location: Tupaz Homes LLC, 3015 Union Ave San Jose, CA 95124

Instructor: Sarah Duke, Duke Facilities Inc

There are a number of lodging options near the training facility. For help finding hotel accommodations, please contact QCHF at (916) 432-5212 or email jmember@cahf.org.

Registration Type

CAHF Members

\$189.00

Non-members

\$434.00

Late rate starts on 6/17/18

\$389.00

\$584.00

CE Hours
NHAP 4
BRN 4

REMIT PAYMENT TO

QCHF

2201 K Street

Sacramento, CA 95816

FAX (916) 446-4454

QUALITY CARE

QCHF

HEALTH FOUNDATION

Payment Information

Prepayment required. Payment must be received to be eligible for early rate.

Payment Type: Check Enclosed (payable to QCHF) Credit Card
 Visa MasterCard American Express

Card #: _____ Exp. Date: _____ CCV: _____

Name on Card: _____

Signature (required) (no e-signature): _____

Registration confirmed via email. If you do not receive confirmation, please email cmcerced@cahf.org or call 916-432-5185. By signing this form, you are authorizing QCHF to charge your credit card without imprint. The planners and sponsors of this function claim no liability for the acts of any suppliers to this event nor for the safety of any attendee while in transit to or from this event. The planners and sponsors reserve the right to cancel this event without penalty. Registrants are limited to refund of "registration fee" only.

QCHF BOARD OF TRUSTEES REFUND POLICY: In order to receive a refund, cancellations for QCHF classes must be made five (5) business days prior to the beginning of the course. Cancellations must be in writing to cmcerced@cahf.org or via FAX at 916-446-4454. Transfer of registration is done ONLY if notified in writing prior to the start of the class.

Updated 5/31/18