



# **CAHF ORANGE COUNTY REGION**

# **EDUCATION &**

# **NETWORKING**

MAR **■12** 

### **DETAILS:**

#### Thursday, March 12, 2020

7:00 am Nurse Break-Out 8:00 am General Registration

8:15 am Program 12:00 pm Adjourn

# Embassy Suites, Landmark Ballroom

11767 Harbor Boulevard Garden Grove, CA 92840

Breakfast Provided

1 Nursing CEU and 3 CEUs for BNHA and BRN offered for this event

\*Pre-Registration before 3/5, additional \$15 fee after 3/5.

### **NURSE BREAK-OUT SESSION:**

No additional cost to interested attendees,

SPECIAL NURSE COUNCIL MEETING: THE PATH FORWARD CODING & PDPM

Presented by Rhonda Anderson, AHIS

### **GENERAL SESSION TOPICS:**

**ROP PHASE III-NEW LAWS & REGULATIONS** 

Presented by Lori Sharma-Dimmick, ReNew Health

#### TRAUMA INFORMED CARE

Presented by Dr. Jennifer Birdsall, CHE Behavioral Health Services

#### POST PDPM IMPLEMENTATION

Presented by Roxie Maceda, MDS Resource, Ensign Services

## \$50\* before 3/5

#### **CAHF Members and Associate Members:**

https://www.paypal.com/cgi-bin/webscr?cmd= s-xclick&hosted\_button\_id=HLLSBMLU2B4U6

\$75\* before 3/5 \$90 at door

#### Non-Members:

https://www.paypal.com/cgi-bin/webscr?cmd= s-xclick&hosted\_button\_id=5ADYCMFWIB9LC

**PLEASE NOTE:** Payment can be made by check or credit card via PayPal at the links above (copy and paste link in your browser rather than clicking). **Note** even if paying by PayPal, please complete this form and return to ensure your RSVP is noted. No refunds for pre-paids or no-shows after March 5th. Attendees with special dietary needs, please contact Tiffany Karlin, OCAHF Board Treasurer, at <a href="mailto:ocahfboard2@gmail.com">ocahfboard2@gmail.com</a>.

PRE-REGISTRATION: Email completed form to <u>ocahfboard2@gmail.com</u> or fax to (314) 889-8788 <u>before March 5th</u>. To pay via check, make payable to "OCCAHF" and mail to Tiffany Karlin, Board Treasurer at 3 Park Place, Suite 400, Irvine, CA 92614. If paying by check, please still email or fax form to us and mail the original with the check.

COMPANY NAME:				
ATTENDEE(S):				
ADDRESS:				
PHONE:		EMAIL:		
WILL ATTEND NURSE BREAK-OUT:	YES	NO		