Hospice Regulatory Virtual Boot Camp & Workshop
June 8-9, 2020 and June 10, 2020

weatherbee resources

Hospice Regulatory Boot Camp

CONTINUING EDUCATION:

COMPLIANCE — The Compliance Certification Board (CCB)® has approved this event for up to 22.3 live CCB CEUs. Continuing Education Units are awarded based on individual attendance records. Granting of prior approval in no way constitutes endorsement by CCB of this event content or of the event sponsor.

The Hospice Regulatory Boot Camp meets the criteria for completion of Regulatory & Compliance Issues, a Level II Module of NHPCO's Manager Development Program (MDP).

CME — This Live activity, Hospice Regulatory Boot Camp and Striving for Documentation Success Workshop, from 06/08/2020 - 06/10/2020, has been reviewed and is acceptable for up to 19.00 Elective credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSING CEs provided by Relias, LLC — Relias, LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). Nurses will receive approximately 10 contact hours for participation in the 2-day Boot Camp activities and approximately 5 contact hours for participation in the Striving for Documentation Success activity.

RELIAS

Criteria for Judging Successful Completion: Participants will only receive contact hours if they attend the webinar in its entirety. Partial credit will not be given. Once the activity is over, the participant will be required to complete an evaluation survey online. Once the participant completes the webinar evaluation, a certificate will automatically generate for the participant to print.

Price includes emailed PDF workbook(s) and continuing education.

REGISTRATION & PAYMENT

2 DAYS ONLY - GROUP DISCOUNTS

Group 11-24 people x $600 p/p x _____ people — 5% discount = $ _____

Group 25-49 people x $600 p/p x _____ people — 10% discount = $ _____

Group 50+ people x $600 p/p x _____ people — 15% discount = $ _____

ALL 3 DAYS - GROUP DISCOUNTS

Group 11-24 people x $750 p/p x _____ people — 5% discount = $ _____

Group 25-49 people x $750 p/p x _____ people — 10% discount = $ _____

Group 50+ people x $750 p/p x _____ people — 15% discount = $ _____

TOTAL DUE TO WEATHERBEE RESOURCES * = $ _____

* *If your hospice is an HCN member, call for member discount information! (Retroactive discounts cannot be applied.)*

☐ CHARGE my credit card: ☐ Visa ☐ MasterCard ☐ Amex

Exp Date: ☐☐ ☐☐☐☐ Security Code: ☐☐☐☐

_____
Name on Card

Email to: boots@weatherbeeresources.com / Fax to: 508-778-8899

☐ CHECK enclosed payable to: Weatherbee Resources

Weatherbee Resources, 14 E Church Street, Headland, AL 36345

_____
Hospice / Organization Name

_____
Hospice / Organization Address

_____
Hospice / Organization City / ST / Zip

_____
Hospice / Organization ST / Zip

_____
First and Last Name Credentials (if any)

_____
Job Title

_____
Profession (nurse, physician, pharmacist, psych/social, other)

_____
License Number (or n/a) Years Working in Hospice

_____
Email

_____
First and Last Name Credentials (if any)

_____
Job Title

_____
Profession (nurse, physician, pharmacist, psych/social, other)

_____
License Number (or n/a) Years Working in Hospice

_____
Email

_____
First and Last Name Credentials (if any)

_____
Job Title

_____
Profession (nurse, physician, pharmacist, psych/social, other)

_____
License Number (or n/a) Years Working in Hospice

_____
Email

ADD OTHER REGISTRANTS' INFORMATION ON NEXT PAGE(S)

I have read and understand the cancellation policy below. INITIALS: _____

VIRTUAL CANCELLATION POLICY: CANCELLATION WITHIN 7 DAYS IS $100 FEE. SUBSTITUTION OF ANOTHER PERSON FROM YOUR HOSPICE FOR SAME VIRTUAL BOOT CAMP AND/OR 3RD DAY IS NO CHARGE. NO SHOWS / NO LOGIN ARE NON-REFUNDABLE. NO ARCHIVE / RECORDING WILL BE MADE AVAILABLE. CONFIRMATION EMAIL WILL BE SENT UPON RECEIPT OF REGISTRATION AND FEE. FOR INFORMATION OR QUESTIONS, CALL US AT (866) 969-7124 OR EMAIL BOOTS@WEATHERBEERESOURCES.COM

Organization Name

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

Organization Name

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

Organization Name ______________________

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

First and Last Name ______ Credentials (if any)

Job Title ______

Profession (nurse, physician, pharmacist, psych/social, other) ______

License Number (or n/a) ______ Years Working in Hospice

Email ______

Organization Name

PAGE _______ OF ______ PAGES

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email

First and Last Name Credentials (if any)

Job Title

Profession (nurse, physician, pharmacist, psych/social, other)

License Number (or n/a) Years Working in Hospice

Email