

CLASS TRAINING OPTIONS
BED FEES PAID ONCE EACH YEAR

HOST FACILITIES

- ✓ \$12.00 per bed for those facilities who host the classes. Paid one time for 6/1/08-5/31/09

VANGUARD PHARMACY CUSTOMERS AND FALA MEMBERS

- ✓ \$16.00 per bed more than 25 beds-Fee paid one time for 6/1/08-5/31/09
- ✓ \$18.00 per bed for 1-25 beds-Fee paid one time for 6/1/08-5/31/09

ALL OTHERS

- ✓ \$20.00 per bed for more than 25 beds-Fee paid one time for 6/1/08-5/31/09
- ✓ \$22.00 per bed for 1-25 beds plus \$100.00 Fee paid one time for 6/1/08-5/31/09

NOTE CHANGES OF CLASS TIMES ON TUESDAY

PER PERSON- PER CLASS FEES

Class days,	Times	Hours	PER PERSON- PER CLASS FEES	
			FALA/Vanguard	ALL Others
<u>DAY 1: TUESDAY</u>	8:30AM-12: 30 AM –MEDICATION (INITIALLY)	4.0	\$20.00	\$40.00
	1:30AM-2:30 –RESIDENT RIGHTS/ABUSE (@ HIRE)	1.0	\$5.00	\$10.00
	2:30 PM-4: 30 PM—MED UPDATE (ANNUALLY)	2.0	\$10.00	\$20.00
<u>MEDICATION CLASSES ARE FREE TO VANGUARD & TRELLES FACILITIES</u>				
<u>DAY 2: WEDNESDAY</u>	8:30AM-11: 30 AM – CPR (LIMITED #'S, Q 2 YRS)	3.0	\$15.00	\$30.00
	12:30PM-3: 30 PM - FIRST AID (Q 2 YRS)	3.0	\$15.00	\$30.00
	3:30PM-4: 30 PM – FOOD HANDLING (@ HIRE)	1.0	\$5.00	\$10.00
<u>DAY 3: THURSDAY</u>	8:30 AM- 10:30 AM– HIV/AIDS (Q 2 YRS.)	2.0	\$10.00	\$20.00
	10:30 AM-11: 30 AM– INFECTION CONTROL @ HIRE)	1.0	\$5.00	\$10.00
	12:30PM-1: 30PM –MAJOR EMERGENCIES (@ HIRE)	1.0	\$5.00	\$10.00
	1:30PM-4: 30 PM -RESIDENT NEEDS/ ADL'S (@ HIRE)	3.0	\$15.00	\$30.00

STATE APPROVED ALZHEIMER'S CLASSES PLUS OTHER TOPICS AVAILABLE UPON REQUEST AT A SEPARATE CHARGE

PRE- REGISTRATION

All attendees must **pre-register** by **9:00 AM Friday** the week prior to class. **Walk-ins** may be turned away

CERTIFICATES are mailed out from the Education Dept. 2-3 wks. following classes

Credit/Debit cards, registration call TOLL FREE 1-866-363-4058 or 941-757-0583

ALL FORMS & CALENDARS ARE ON OUR WEB SITE www.vanguardrx.com

Facility checks made out to Vanguard, mailed with invoice below to 905 Manatee Ave. E. Bradenton, Fl. 34208

INVOICE

✂ Cut here -----

PAYMENT ARRANGEMENTS MUST BE MADE PRIOR TO ATTENDANCE AT CLASSES

Date _____ Facility Name _____

Street Address _____ City/Zip _____

Phone #: _____ Fax #: _____ Contact Person _____

FALA Member: Yes: ____ No ____ If yes is provide your FALA Member # _____

Bed Fees: use the grid at the top of this page to determine your fees

of beds _____ X per bed charge _____ =Total Due _____ Ck. # _____



FAX FORM TO 941-757-0584 BY 9:00 AM FRIDAY PRIOR TO CLASS



CLASS GUIDELINES

(Please inform each attendee of #'s 2-10)

1. Each facility is limited to 3 registrants for CPR & First Aid. The # of attendees is determined by AHA rules.
2. No shows without a 24-hour notice will be charged \$10.00 when the person re-registers for class.
3. Class cancellations may occur if there are fewer than 5 registered, facilities will be notified 24 hours prior to class
4. Attendees must be pre-registered and arrive at classes 15 minutes prior to the scheduled start time.
5. Participants who are late must be turned away in accordance with class time requirements set in 58-A
6. Students must sign the attendance record at the beginning of each class or credit will not be given.
7. The instructor has permission to ask a student to leave if they are disruptive in class.
8. A student who is dismissed from class for behavior issues may not be permitted to return to class.
9. Dress is comfortable but professional. No smoking except during breaks and in designated areas.
10. Beepers & cell phones must be off or in silent mode. Lunch is not provided.
11. Certificates are mailed out from the education dept. following class after payment is verified (allow 2-3 wks).

REGISTRATION FORM & INVOICE

(Make copies of this form for future use)

This completed form must be faxed to 941-757-0584 before 9 AM the Friday before class (

Payment is due prior to class. Mail a facility check to: Vanguard Education: 905 Manatee Ave. East, Bradenton, FL 34208

Facility Name/Address: _____

Date _____ Contact Person: _____ Phone: _____ Fax: _____

FALA Member Yes ___ No ___ FALA # _____ Vanguard Customer: Yes ___ Other: Yes ___ Bed fee Pd Yes ___ No ___

Per person fee: # of attendees _____ x number of classes _____ x \$ per class _____ = Total Due _____ Ck. # _____

Class Location _____ **Class Dates** _____

QUESTIONS? PAYMENT. CALL DONNA TOLL FREE 1-866-363-4058 or 941-757-0583 (CREDIT CARD/DEBIT CARD)

<u>PRINT ATTENDEES NAMES</u> <u>LEGIBLY</u>	Med Trng.	Res. Rigts	Med. update	CPR	First Aid	Food Hndl.	HIV/ AIDS	Inf. Cont	Emer.	Res. Needs	Alz. Trng	Fees Per Person	Total Fees or COMMENTS
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													

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