



Delaware Health Care Facilities Association

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Email: tmorris@dhcfa.org Web: www.dhcfa.org

LLAM Train-the-Instructor Seminar

Thursday, October 27, 2022

Registration/Breakfast from 8:30 – 9 am Class from 9 am – 4 pm

LOCATION: Harmony at Kent Assisted Living

1435 E. Lebanon Rd.

Dover, DE 19901

Trainer:

Ruth Ann Lander, MSN, RN, Approved Trainer for ALFs

DHCFA is sponsoring a Limited Lay Administration of Medicine (LLAM)
Train the Instructor class for individuals who want to become an
ALF Special Module **LLAM Instructor** and **who meet the criteria of being a**
Registered Nurse with one (1) year experience in long-term care.

Current Instructors who have not taken this seminar since 2018 and those who have not taught the modules in a facility within a year of the last time they taught MUST take this refresher in order to be current.

This training will focus on **ALF Specific Module LLAM CORE curriculum** and strategies to roll out the LLAM training in the facility, including policies, procedures, reporting process and forms including new materials which will be effective immediately concerning Testing.

LLAM Regulations require that in order for an individual to become a LLAM Instructor in Assisted Living, they must be an RN with (1) year experience in long term care.

***Class size is restricted, so register as soon as possible. Attendees must wear masks, except while eating.**

Fee: \$335.00 for New Instructors - 5 DE Nursing CEUs

Fee: \$265.00 for Returning Instructors - 5 DE Nursing CEUs (bring your own manuals)

Registration fee includes the following:

- Trainee & Trainer Manuals (only for new trainees)
- Guidelines for LLAM, and ALF Module
- Policies and Procedures
- Reporting LLAM worksheets
- Continental breakfast, beverages, and lunch



LLAM Train-the-Instructor Seminar

Training Date: Thursday, October 27, 2022

Training Site: Harmony at Kent, 1435 E. Lebanon Rd., Dover, DE 19901

New Instructor Fee: \$345.00 Includes Breakfast & Lunch, Training Manuals and CEUs

Returning Instructor Fee: \$275.00 Includes Breakfast & Lunch, CEUs, provide your own manuals

Time: 8:30 a.m. - 4:00 p.m. 1 - Hour Lunch and two 15-minute breaks

This session is mandatory for anyone who wants to become an Instructor for the Assisted Living Provider Lay Limited Administration of Medication Program.

PLEASE REGISTER AS SOON AS POSSIBLE.

A minimum enrollment of 8 must be met or DHCFA reserves the right to cancel the class.

Criteria: You must be an RN with (1) year experience in long-term care.

Registrant Name: _____

Last four digits of Social Security: _____ RN License#: _____

Employer: _____

Address: _____

City, State, Zip: _____

Direct Phone #: _____ Email Address: _____

Please list LTC Employer/s where RN received at least one year of experience:

Employer: _____ Dates of Service: _____

Employer: _____ Dates of Service: _____

Total length of service in Assisted Living: _____

If a returning trainee, please provide the date of last training attended: _____

TOTAL FEE \$ _____

PLEASE NOTE: A copy of your nursing license and payment must accompany this form in order for your registration to be processed! If not, we will return the registration form and payment to the facility and you will not be registered.

Please e-mail your completed registration form and license copies to tmorris@dhcfa.org

FAX your credit card form to 302-239-4214

Registrations at door are not permitted for this training

Cancellation/Refund Policy: Attendees may cancel and request a refund or a service credit up to 5 business prior the training via email to tmorris@dhcfa.org. Cancellation requests made in writing up to one day prior are eligible for a service credit. **There are no refunds or service credits unless the facility is in survey.**



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"Fostering Quality Care in the Long Term Care Continuum since 1963"

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CREDIT CARD AUTHORIZATION FORM MAIL or FAX only. Do not email.

Company: _____

Contact: _____

Phone: _____ Email: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

TOTAL to be CHARGES: \$ _____

Please provide the person's name who is to receive the receipt, their fax number and email:

Name: _____

Email: _____

Phone: _____

Mail to: DHCFA 501 Silverside Road, Ste 51 Wilmington, DE 19809 or FAX to: 302-239-4214