

Location: 4000 Gantz Road, Suite F Grove City, Ohio 43123
(ViaQuest Day Services)

TOPIC- Transition Planning: Inherent Hazards and How to Avoid Them

Speakers:

Scott Phillips, MUI Manager, DODD

Shannon Chatfield, LSW, Community Living Service Director

Wendy Lovrak, BSN, RN, CCM

Kelly Ferenbaugh, Policy Division, DODD

REGISTRATION: (Deadline is 6-6-2016)

1. All participants **MUST** Pre-Register by Email to:
AllOhioDDNA@Outlook.com with name and email address.
2. Send CHECK or MONEY ORDER (*made payable to NEO DDNA*):

Kelly Glaze 1139 East Garfield Road Aurora, Ohio 44202

(Sorry, *we cannot accept credit cards, PO's, or cash*) Registration is Non-refundable after 6-1-16.

This offering has pending approval by the Ohio Board of Nursing Approver Unit at the Ohio Department of Developmental Disabilities (OBN-010-93). For additional information contact: Deb Maloy at AllOhioDDNA@Outlook.com

***COST: \$40.00 DDNA Member
\$50.00 Non DDNA Member***

SCHEDULE: 8:15am-8:45am-Registration

8:45am-4:00pm-Training

Lunch Included with Registration

***Presentation will focus on statistics of
negative outcome transitions,
considerations when transferring to acute
care setting/downsizing, &
returns/admissions, & a focus on what is
important TO and not just FOR the
individual.***

***Come, learn AND gain
tools to assist in
preventing hazards of
transitions!***



TRAINING **June 18, 2016** (Sat.) - Sponsored by OHIO's DDNA CHAPTERS

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MAIL THIS REGISTRATION FORM:

NAME: _____ EMAIL: _____

ADDRESS: _____ I PHONE # _____

AGENCY: _____

CEU'S: RN _____ LPN _____ DODD _____ DDNA Member _____ \$40 Non-Member _____ \$50

DIETARY CONSIDERATIONS:

Vegetarian _____ Vegan _____ Allergies _____

THIS FORM WITH CHECK or MONEY ORDER (\$40 or \$50) MUST BE MAILED AND RECEIVED BY COMMITTEE BY DEADLINE OF 6-6-2016

My Registration Checklist:

1. E-mailed registration to AllOhioDDNA@Outlook.com _____
2. Copied and completed registration form _____
3. Mailed Registration with check or money order by deadline _____ (no cash, PO or CC)
Made payable to NEO DDNA
4. **Kelly Glaze 1139 East Garfield Road Aurora, Ohio 44202**
5. Confirmation of REGISTRATION and PAYMENT received by email _____

SEND QUESTIONS TO: ALLOHIODDNA@OUTLOOK.COM