



First Steps Advance Care Planning Facilitator Certification

March 15, 2018 • 8:00AM—4:00PM

Hosted at Presbyterian Homes

2845 Hamline Avenue North, Roseville, 55113

\$275 tuition includes newly revised & updated 8-hour classroom training, 4 online training modules (to be completed prior to classroom session), classroom materials, lunch and refreshments, up to 13.25 continuing education credits

Registration Deadline March 9, 2018 (Or when class is full. Early registration recommended.)

Overview: This Advance Care Planning (ACP) Facilitator Certification course is for both medical professionals and community members, e.g. faith community nurses, chaplains, multicultural representatives, human resources staff, nurses, social workers and volunteers, who have end-of-life discussions with others. This training provides the skills and expertise to lead conversations on future health care wishes and preferences.

Objectives: At the conclusion of this educational activity, the participant will be able to:

- Describe interview skills for basic ACP, planning for adults with chronic, progressive illness and those living in long-term care
- Demonstrate beginning competency in facilitating basic ACP discussions
- Demonstrate competency in completing a health care directive
- List a variety of educational materials and tools available for promoting and assisting with ACP
- Identify key strategies for community engagement
- Identify key principles and strategies to develop an effective ACP program

Pre-requisite: There are four online modules to be completed prior to the classroom training. The modules should be started as early as possible to allow adequate time for completion. Within 1-3 business days after registration, **you will receive emailed instructions for accessing the online training modules.**

Yes, I will attend this training (please complete one form for each registrant):

First name: _____ Middle initial: _____ Last name: _____

Mailing address: _____

City: _____ Zip: _____ Is this address personal or work?

Employer or Organization name: _____

Profession: _____ Job title: _____

Department, if applicable: _____

Email: _____ Phone: _____

Total payment: \$275 Form of payment: Check enclosed, payable to “TCMS Foundation” Credit card listed below

Name on credit card: _____

Card #: _____ Exp. date: _____ Signature: _____

Mail to: Honoring Choices Minnesota, 1300 Godward St NE, Suite 2000, Minneapolis, MN 55413 **Or Call:** (612) 362-3739