



VIRTUAL Advance Care Planning Level 2 Facilitation Training

Friday, October 9, 2020 • 8:30 AM—1:30 PM

Virtual Training on ZOOM

\$100 tuition for this newly revised & updated **Level 2** Advance Care Planning Facilitation Course

Registration Deadline: October 1, 2020

Overview: This Advance Care Planning (ACP) Level 2 Facilitation course is for health care professionals and those with some experience with serious illness conversation skills. This training provides a solid foundation in the whys and hows of Advance Care Planning, teaches the skills to lead conversations on future health care wishes and preferences, and shares information critical to implementing an ACP program in a health care setting, including legal and regulatory requirements.

Objectives: At the conclusion of this course, participants will be able to:

- Understand and explain the importance of ACP from personal and professional points of view
- Demonstrate increased skill in and comfort with facilitating basic ACP discussions
- Competently assist with completion of health care directives
- List a variety of educational materials and tools available for promoting and assisting with ACP
- Identify key strategies to develop an effective ACP program, including elements of community engagement

Pre-requisites:

1. **Complete** your own health care directive, or revisit it if you have already done this. Have your completed directive with you when you attend virtually for review. **You can download a directive at www.HonoringChoices.org.**
2. **Do** the “Go Wish” online exercise: <http://gowish.org/gowish/gowish.html>
3. **Read** <http://bit.ly/Language-Accommodation>
4. **Watch** <http://bit.ly/TedTalk-Prepare> and <http://bit.ly/TedTalk-DieWell>

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

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

Where should we send class materials?

Mailing address: _____

City: _____ State: _____ Zip: _____

Employer or Organization name: _____

Profession: _____ Job title: _____

Department, if applicable: _____

Email: _____ Phone: _____

Total payment: \$100

Form of payment: BY CHECK via mail, payable to “TCMS Foundation”, send to:

**Honoring Choices Minnesota
 ATTN: Kerry Hjelmgren
 1300 Godward St. NE, Suite 2000
 Minneapolis, MN 55413**

BY CREDIT CARD: Call Honoring Choices Minnesota at 612-362-3704

Please email your completed registration form to: khjelmgren@metrodoctors.com.