



**Advance Care Planning Facilitation Training for Healthcare Professionals**

**Thursday, May 13, 2021 • 8:30 AM—1:30 PM**

**Virtual Class on Zoom**

**\$125 tuition**

**Registration Deadline: May 7, 2021**

**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. Bring the completed directive to the class for review (it will not be marked and you will get it back). **You can download a directive at [www.HonoringChoices.org](http://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 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: \$125**

Form of payment:  Check enclosed, payable to “TCMS Foundation”  FOR CREDIT CARD PAYMENT, CALL 612-362-3704

**Please email your completed registration form to [khjelmgren@metrodoctors.com](mailto:khjelmgren@metrodoctors.com), and send checks payable to “TCMS Foundation” to:**

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