

AFA PARTNERS IN CARE:

SUPPORTING INDIVIDUALS LIVING WITH DEMENTIA

ARE YOU A HEALTH CARE PROFESSIONAL IN ALABAMA?

Join us for AFA's Partners in Care training:

Gain strategies and an increased knowledge of how to further excel as a health care professional working in dementia care.

- Building Relationships
- Understanding Dementia
- Effective Communication
- Facilitating Care Transitions

UPCOMING SESSIONS

Monday, July 23 – Huntsville (8am-3pm)

Tuesday, July 24 – Birmingham (8am-3pm)

Wednesday, July 25 – Marion (9am-4pm)

Thursday, July 26 – Mobile (8am-3pm)

Cost: \$95

*6 contact
hours available
for social
workers*

**Call 866-232-8484 for more information
or register at www.alzfdn.org**

*Certification as an AFA Dementia Care Partner
available with this training.*

In collaboration with:





AFA Partners in Care Training Registration - ALABAMA

Name: _____ Date: ____/____/____

Home Address: _____
Street Address Apt # City State Zip Code

Work Number: () _____ - _____ Alternate Number (home/cell): () _____ - _____

Email Address: _____

Employer: _____

How did you hear about this training? _____

Alabama Training Dates:

- July 23 – 8am-3pm; Brookdale Jones Farm - 2815 Carl T. Jones Dr, Huntsville, AL 25802
- July 24 – 8am-3pm; Fair Haven – 1424 Montclair Rd, Birmingham, AL 35210
- July 25 - 9am-4pm; Judson College – 302 Bibb St, Marion, AL 36756
- July 26 – 8am-3pm; South Alabama Regional Planning Commission GM&O Bldg – 110 Beaugard St, Mobile, AL 36602

Continuing Education Hours (CEs):

6 CEs (No extra cost; Applies to Social Work Only)

Contact hours will be awarded following successful completion of the AFA Partners in Care training program and AFA Dementia Care Partner certification examination.
This program is approved by the National Association of Social Workers (Approval #886446769-3742) for 6 Social Work-Pain and Symptom Management continuing education contact hours.

FEE: \$95/Person

****Payment information needed on the back**

Payment:

My check, made payable to **Alzheimer's Foundation of America**, for \$_____ is enclosed.

Please charge my credit card for \$_____.

() MasterCard () Visa () American Express () Discover

Cardholder's Name_____

Card Number_____ Expiration Date_____