



Association for
Home & Hospice Care
of North Carolina

Home Care Licensure Applicant Training Raleigh, NC

Description: The purpose of the class is for **prospective home care agency license applicants** to achieve compliance with home care licensure rule 10A NCAC 13J .0903(a) APPLICATION FOR AND ISSUANCE OF LICENSE. The training will assist you in operating your agency within the framework of required regulations.

****10A NCAC 13J.0903** *If the applicant cannot demonstrate to the Division of Health Service Regulation that he or she has ever owned or operated a home care agency prior to submission of the application, the Division shall not issue a license until the applicant has received training approved by the Division in the requirements for licensure, the licensure process, and the rules pertaining to the operation of a home care agency.*

The following information will be addressed in the training: The current law requiring training; the home care licensure application process; home care licensure rule review; overview of pertinent laws; sample policies and forms. A certificate of completion will be provided to each registrant who completes the class. **Please be sure to read the document, *Preparing for Licensure Applicant Training*, posted on AHHC's website to ensure that you have met the requirements concerning the agency director qualifications, supervisor qualifications, and zoning laws for a business with local business licensing and permits as required. Please be sure you meet these minimum qualifications needed to apply for a Home Care License before registering for the class.**

Speaker: Kathie Smith, RN, currently serves as the Director of Quality Initiatives & State Liaison with AHHC. Mrs. Smith has worked with the NC Division of Medical Assistance as a Nursing Services Consultant and the Home Care Initiatives Unit Manager. She also has experience working in a Home Health agency as a supervisor and discharge planner. Mrs. Smith is a frequent statewide speaker on various regulatory and quality care issues.

Registration: The registration fee is **\$699** per agency. This allows attendance for up to **3** agency representatives. The agency owner is required to attend (ALL owners must attend). Unregistered individuals will not be admitted. Registration will be confirmed once payment has cleared. Fax registration forms to 919.848.2355.

Time: The workshop will begin promptly at 9:00 a.m. The workshop will conclude by 4:00 p.m. There will be a one-hour lunch break.

Note: You must arrive on time and attend the class in its entirety. If you are not familiar with the Raleigh area, please allow enough time for travel to ensure you arrive on time. After the class, AHHC will send a list of attendees to DHSR to validate completion. In order to successfully complete this class, attendees must remain in the class until its conclusion. It is not permissible to arrive late or leave early.

Disclaimer: This class is offered for educational purposes only and does not guarantee that the attendee will be granted a license by the Division of Health Services Regulation. Neither AHHC nor any of its officers, directors, employees or affiliates shall be liable for any direct, indirect, special, consequential, punitive, exemplary and/or incidental damages of any kind whatsoever (including, but not limited to, loss of profits or attorneys' fees) in any way due to, resulting from, or arising in connection with Registrant's acquisition or use of the Materials, or from Registrant's reliance on any information provided. This limitation applies to all causes of action in the aggregate including, but not limited to, breach of contract, breach of warranty, negligence, strict liability, misrepresentation, and any other tort.

Association for Home & Hospice Care of North Carolina
HOME CARE LICENSURE APPLICANT TRAINING
Raleigh, NC

We offer classes on a regular basis.
Please call 919.848.3450 or 800.999.2357 for available dates.

PLEASE PRINT LEGIBLY AND FAX TO 919.848.2355.

Agency Name: _____

Agency Owner: _____
(ALL owners are required to attend)

Director or Attendee 2: _____

Nurse Supervisor or Attendee 3: _____

Email Address (please print legibly): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Non-Refundable Fee: \$699.00

DO NOT SUBMIT YOUR PAYMENT WITH THIS FORM.
We will contact you *by email* with a payment form when we receive your registration.
Your registration will be confirmed once your payment is processed.

Confirmations and Cancellation Policy: We will email a final confirmation and directions to registrants at least one week prior to the workshop. *In the event of registrant cancellation, fees are not refundable.* Please contact Richard Fowlkes if you have any questions about registration by calling 919.848.3450 or 800.999.2357.

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3101 Industrial Drive, Suite 204, Raleigh, NC 27609
919.848.3450 or fax 919.848.2355
www.homeandhospicecare.org