



Continuing Education  
for Health Professionals

# Continuing Education for Activity/Recreation Professionals and Nursing Home Administrators

## 36-Hour Basic Orientation Course for Activity Directors Online Program

**Faculty:** Susan Quatrocchi-Tubin, Ph.D., CTRS, CDP, CPRP, LNHA, ACC, CAC, BC-AC  
and Carol Gronwold, BS, CTRS, consultants for Quality Care Consulting Service, Inc.

Course fulfills all Illinois Department of Public Health (IDPH) requirements for both activity director and activity professional working on a dementia unit to fulfill requirements of Section 300.1410(c).

The course covers the Alzheimer's/Dementia training four-hour requirement of topics for any staff working in a licensed memory care unit and the six-hour requirement for all staff working with any residents with a diagnosis of dementia; resident rights; quality-of-life activity care planning; human wellness and self-esteem; etiology and symptomatology of the aged; intellectual disabilities and mental health disorders; non-pharmacological therapeutic interventions; activity program philosophy, design, resources, standards; Joint Commission, State and Federal regulations; program evaluation; practitioner behavior and ethics; resident assessment and supportive documentation; management of staff and administration of a department.

### LIVE WEBINAR

**Tuesdays/Thursdays: October 12, 14, 19, 21, 26, 28 and November 2, 4, 9, 16**

9 a.m. - 12 p.m. | Course code: HTH A04 [CRN 60085] | Fee: \$450

Additional coursework consisting of assigned readings will make up the remainder of the class. Participants must attend all webinars, complete assignments, and pass an exam in order to receive 36 hours of educational credit.

**This workshop is offered via Zoom. Participants will receive a confirmation and a link to the Zoom webinar.** This is a live event which requires internet access and an email address. For questions about technical issues or about the event, email [cehp@oakton.edu](mailto:cehp@oakton.edu), call 847.635.1438, or visit [www.oakton.edu/conted](http://www.oakton.edu/conted).

**Institutional Accreditation:** One universal training hour (UTH) from Oakton is equal to one 60-minute clock hour. Participants receive 36 training hours for completing this course.

*Continuing education clock hours will be offered to Illinois Licensed Nursing Home Administrators (36 clock hours).*

**REGISTRATION** The attached registration form can be printed for mailing or faxing. **If registering online, registration must be received at least 24 hours prior to course start date. If registering by mail or fax, registration must be received at least 72 hours prior to course start date. Online registration is highly recommended.** Submit one registration form with full payment for each participant.

**Effective for the spring 2021 semester, a \$3 technology fee will be added per class. Students who register online will not be charged any additional processing fees. However, those registering in person, by mail, or by fax will be charged an additional \$9 administrative fee with each registration form.**

**Online:** Register and pay, add or drop classes, view your class schedule, or receive your account summary. Register at [www.oakton.edu/conted](http://www.oakton.edu/conted).

**By Mail:** Send completed registration form with payment to Alliance for Lifelong Learning, P.O. Box 367, Skokie, IL 60077.

Pay by check (payable to Oakton Community College) or credit card (MasterCard, Visa, or Discover) and include credit card number, expiration date, three-digit verification code (found on the back of the credit card), and signature. An additional \$9 administrative fee applies.

**In Person:** An additional \$9 administrative fee applies. Register at Skokie Campus, Room A120 or at Des Plaines Campus, Room 1170. For more information, call 847.982.9888 Monday - Friday, 8:30 a.m. - 4:45 p.m. or email us at [continuingeducation@oakton.edu](mailto:continuingeducation@oakton.edu).

**By Fax:** Fax completed registration form to 847.635.1448 (include credit card number, expiration date, three-digit verification code (found on the back of card), and signature). An additional \$9 administrative fee applies.

**NOTE:** When providing a check as payment, you authorize the Alliance for Lifelong Learning either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. A \$25 fee is applied if the check is returned by the bank.

**Cancellation/Refunds:** Course fees are refunded if notification is received at least 48 hours prior to the start date. A \$15 fee is charged for cancellations.



Alliance for Lifelong Learning Continuing Education for Health Professionals  
For more information, email [cehp@oakton.edu](mailto:cehp@oakton.edu), or call 847.635.1438.

# Registration Form – Alliance for Lifelong Learning (ALL) Continuing Education, Training, and Workforce Development



**Four ways to register:** **1. Online** - oakton.edu/conted **2. Mail** - Alliance for Lifelong Learning, P.O. Box 367, Skokie, IL 60077  
**3. In Person** - Skokie Campus, Room A120; Des Plaines Campus, Room 1170 **4. Fax** - 847.635.1448

## PART A: Personal Information (All fields are required)

Student ID Number or SSN	Last Name	First Name	Middle Initial
Street Address		City	State Zip
Home Phone	<input type="checkbox"/> Cell or <input type="checkbox"/> Business Phone	Preferred Email	Date of Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

## PART B: Educational Information

Last high school attended (Name, city, state)	Are you a first generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check one box that best describes your high school status: <input type="checkbox"/> High school graduate or expected date of graduation: _____ <input type="checkbox"/> Passed G.E.D test in _____ (year) <input type="checkbox"/> No longer attending high school and do not intend to return	Most credits or highest degree previously earned: <input type="checkbox"/> Some credits <input type="checkbox"/> Certificate <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> CEHP Profession/License No. _____

## PART C: Demographic Information (This information is requested solely to comply with Federal laws)

1. Are you Hispanic or Latino? (OR Are you of Spanish origin?)  Yes Hispanic or Latino.  Not Hispanic or Latino.

2. Are you from *one or more* of the following racial groups? (Select all that apply).  American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  White  Choose Not to Respond

3. Please identify your primary racial/ethnic group. (Select one).  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White  Choose Not to Respond

4. Are you in the United States on a Visa – Nonresident Alien?  
 Yes in the United States on a Visa.  Not in the United States on a Visa. Provide Home Country of Origin: \_\_\_\_\_

## PART D: Course Information

Fall  Spring  Summer Year: \_\_\_\_\_

To register for more classes than space allows, please submit another registration form with Part D completed.

CRN	Course Code	Course Title	Location	Start Date	Day/Time	Tuition
						+\$3*
						+\$3*
						+\$3*
						+\$3*

**Full Payment is due at the time of registration. Check the Tuition and Fees page in this schedule for refund policy.**

Method of payment:  Cash  Check No. \_\_\_\_\_ (payable to Oakton Community College)  
 Visa  MasterCard  Discover

Subtotal	
Administrative fee	\$9.00**
Total due	

Credit Card Number \_\_\_\_\_  
Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Three-Digit Verification Code (on back of card) \_\_\_\_\_  
Cardholder Name (print) \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

Confirmation will be sent to the email on file.

OFFICE USE ONLY	Site	Date	Initials
Registration Received:	_____	_____	_____
Registration Processed:	_____	_____	_____
Payment Processed:	_____	_____	_____
Student Status:	<input type="checkbox"/> New	<input type="checkbox"/> Readmit	<input type="checkbox"/> Hold
Update:	<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Senior Status:	<input type="checkbox"/> Prior to 7/7/14	<input type="checkbox"/> After 7/7/14	

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\*\*Those registering in person, by mail, or by fax will be charged an additional \$9 administrative fee with each registration form. Fees are non-refundable.