



*Presents*

## **25th Annual Resources for Success**

**April 11, 2023**

***Northfield Inn, Suites & Conference Center***

**3280 Northfield Drive**

**Springfield, IL 62702**

**217.523.7900**

### **Agenda**

#### **Schedule**

#### **Topics/Speakers**

8:30 – 9:00 a.m.	Registration	<i>Tom Annarella   Jordan Healthcare Group</i>
9:00 – 10:00 a.m.	Session 1	Creating and Keeping Leaders
10:15 – 11:15 a.m.	Session 2	<i>Natashia Mason   AHCA/NCAL</i>
11:30 a.m. – 12:30 p.m.	Session 3	MDS: Overview of Upcoming Changes
12:30 – 1:15 p.m.	Lunch	Restorative Nursing
1:15 – 2:15 p.m.	Session 4	<i>Nell Griffin   Telligen</i>
2:30 – 3:30 p.m.	Session 5	Facility Assessments/QAPI Plans
3:45 – 4:45 p.m.	Session 6 (TBD)	Opioid Diversion/Antipsychotics

### **Accommodations**

A block of rooms has been reserved at the Northfield Inn, Suites & Conference Center for the night of Monday, April 10, 2023. When making your reservations mention the Illinois Health Care Association to qualify for the \$89 rate (tax not included). In order to receive this special rate, reservations must be made by March 27, 2023.

### **Continuing Education**

Illinois nursing home administrators, social workers, physical therapists/PTAs and licensed nurses will earn up to 6 clock hours of continuing education for participating. The Illinois Health Care Association is approved as a sponsor of continuing education for nursing home administrators, social workers, physical therapists/PTAs and licensed nurses by the Illinois Department of Financial and Professional Regulation.

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Participant Name	Email Address*

**NOTE: A unique email address is required for each participant in order to receive their CE Certificate.**

Contact Person: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Payment:**

\_\_\_\_\_ Registration fee (first person)..... \$125 each

\_\_\_\_\_ Additional registrant(s) ..... \$100 each

IHCA / LTCNA Member       Non-Member

Total Registration Fee \_\_\_\_\_

Add \$25 per person for registration submitted less than three (3) business days prior to the event. Substitutions will be accepted on-site for registrants unable to attend.

Total Late Fee \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Check enclosed: **PLEASE MAKE CHECKS PAYABLE TO LTCNA**

Charge to:    Visa                       MasterCard                       American Express                       Discover

# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 digits REQUIRED) Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Return with payment to:      **Long Term Care Nurses Association**      OR      [Click here to register online](#)  
    **1029 S. Fourth Street**  
    **Springfield, IL 62703**  
    **Fax: 217.528.0452**  
    **Email: [acaldwell@ihca.com](mailto:acaldwell@ihca.com)**

AMOUNT	CK#/ CC	MEMBER STATUS	DATE