

RE-CREATIVE RESOURCES INC.
Fall 2010 SEMINARS

*Continuing education for Activity Professionals/practitioners
and Recreation Therapists*



***MDS 3.0 Section F Preferences for Customary Routine and Activities:
An Overview for Activity and Recreation Professionals***

Date: Wednesday, September 22, 2010
Speaker: Kimberly Grandal CTRS, ACC/EDU
Location: Fellowship Village, Basking Ridge, NJ

Time: 8:30am-1:00pm 4 CE's Fee: \$90
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MDS 3.0 Section F: An Overview for Activity and Recreation Professionals is designed to provide an educational opportunity for Activity, Recreation Professionals and Creative Arts Therapists in long-term care facilities to learn and utilize the new MDS 3.0, section F, Customary Routines and Activities. Participants will engage in group exercises and fun activities! Participants also receive the CMS materials associated with section F and the Care Assessment Areas. Continental breakfast will be provided!

All participants receive downloadable documentation forms and tools.

Objectives: Participants will...

- Identify the two methods for conducting the assessment for customary routine and activities.
- Describe how to conduct an assessment of a resident's customary routine and activities.
- Code Section F correctly and accurately.
- State the Care Area Assessment (CAA) process.
- Describe how to document the activities component of the Care Area Assessments.

Contact Hours: 4 contact hours

- Activity Professionals: Pre-Approval by NCCAP has been submitted for review
- CTRS's: NCTRC does NOT pre-approve sessions. Please request a session outline for your records.

Cancellation Policy: Cancellations are refundable less a \$15 administrative charge within 4 days of the seminar. No refunds will be given after the cancellation deadline.

Confirmation and Directions: You will receive an email with driving directions to serve as your confirmation. If you do not receive an email within 5 days of your registration, please call Kim Grandal at 732-340-1210 to confirm your registration.

Cost: \$90 per person. There is a \$5 off per person for facilities that send 2 or more individuals.

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SEMINAR REGISTRATION



This is for mail-in registration only. If you would like to register on-line and pay via credit or Pay Pal, please visit <http://www.recreativeresources.com/MDSregistration.htm>

Directions: Please return this registration form and fee no later than 7 days prior to the session you wish to attend. Each participant must complete this form. Make copies as needed.

PAYMENT: Check or money order should be made payable to: Re-Creative Resources, Inc.

MAIL TO: Re-Creative Resources, Inc.
31 Ivy St.
Clark, NJ 07066

PLEASE PRINT (Please use the name as you would like it to appear on the certificate)

Participant's Name: _____

Facility Name: _____

Facility Address: _____

Work Phone: _____ Alternate Phone: _____

E-mail: _____

PLEASE CHECK

_____ MDS 3.0 Section F: An Overview for Activity and Recreation Professionals (\$90) September 22, 2010

_____ Discount (if applicable)*

_____ Total amount included

Thank you for your registration!

Revised 8/12/2010