



NURSE DELEGATION PROGRAM Training Registration Form

REGISTRATION REQUIREMENTS

Prior to being accepted in one of the classes identified, participants must:

- * Read the entire training announcements for the training topics listed.
- * Be familiar with the Nurse Delegation Program and its updates. Manuals and supporting materials are available online at the Alabama Department of Mental Health website: www.mh.alabama.gov

COURSE PREREQUISITES:

1. Review or Download from the ADMH website and print Manuals (Administrative Guidance, MAS Instructor)
2. Read appropriate manuals prior to attending class

FOR NURSES

- * Alabama Nursing License Required
- * In order to receive Nurse Continuing Education credits for the Becoming a Certified Delegating Nurse course, nurses must bring license to the training. NO CE Credits will be provided for the NDP Changes 2013 course.

Classes with fewer than ten registrants are subject to cancellation.

COURSE REGISTRATION INFORMATION

**CLASS SIZES ARE LIMITED TO
25 PARTICIPANTS PER CLASS**

Please register at least five (5) days in advance of the workshop date. Check the one you would like to attend below:

BECOMING A CERTIFIED DELEGATING NURSES

- November 6 • Montgomery AL
- December 4 • Montgomery AL

NDP CHANGES 2013

- October 22 • Montgomery AL (Old Greil Hospital)
- October 23 • Tuscaloosa AL
- October 28 • Calera AL
- October 31 • Mobile AL

CLOSED

I am an Administrator Yes No

Name: _____ Job Title: _____

Your Email Address _____

Agency/Facility Affiliation: _____

Address: _____ Business Phone: _____

_____ Personal/Cell Phone: _____

_____ City/State/Zip _____

ALL NURSES MUST COMPLETE THE FOLLOWING:

- I am a LPN or RN licensed to practice in the State of Alabama by the Alabama Board of Nursing.
- I have located and reviewed the appropriate Nurse Delegation training manuals and other documents on the Department's website at www.mh.alabama.gov.
- ABN License No.: _____
- I have located and read the Alabama Board of Nursing Nurse Delegation Program rules and regulations **610-X-7-.06** for Residential Community Programs at www.abn.alabama.gov.
- I was previously certified as a MAS
- My MAS Certification expires on: _____

<p>ALL REGISTRATIONS AND CANCELLATIONS MUST BE FAXED AT LEAST SEVEN (7) DAYS IN ADVANCE OF THE TRAINING DATE</p> <p>PLEASE PRINT THIS FORM AND FAX TO: Ylaunda Flowers at (334) 353-3971 (A cover page is not required for submission.)</p>	<p>FOR ADDITIONAL INFORMATION, CONTACT: Vanessa Prater, Director Nurse Delegation Program Telephone: (334) 242-3217 Email: vanessa.prater@mh.alabama.gov or Ylaunda Flowers at (334) 242-3177</p>
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