NURSE DELEGATION PROGRAM
Training Registration Form

lifting life's possibilities

REGISTRATION REQUIREMENTS

Prior to being accepted in one of the classes indentified, 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 AND review videos prior to attending class

FOR NURSES

- Alabama Nursing License Required
- In order to receive Nurse Continuing Education credits for the courses identified, nurses must bring license to the training.

Classes with fewer than ten registrants are subject to cancellation.

I am an Administrator ☐ Yes ☐ No

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 NURSE

☐ March 13 • Montgomery AL
☐ May 23 • Montgomery AL
☐ June 26 • Montgomery AL

UPDATE FOR CERTIFIED DELEGATING NURSES

☐ March 14 • Montgomery AL
☐ March 23 • Mobile AL
☐ March 23 • Montgomery AL
☐ May 24 • Montgomery AL
☐ June 27 • Montgomery AL

NDP 101 FOR AGENCY ADMINISTRATORS

☐ March 1 • Montgomery AL
☐ May 25 • Montgomery AL

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.

ABN License No.: _____

☐ I was previously certified as a MAS

My MAS Certification expires on: _____

☐ I have located and reviewed the appropriate Nurse Delegation training manuals and other documents on the Department's website at www.mh.alabama.gov.

☐ 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.mh.alabama.gov.

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