

Walk A Mile in My Shoes: Creating a Culture of Sensitivity in Care Settings

- Explore the myths of aging
- Experience some of the physical limitations of your residents/patients with participatory exercises
- Understand how sensitivity tools and the use of empathy can assist in providing better care



Preserving Dignity.

Speaker: Lee-Anne Godfrey, BSN, RN
VITAS Innovative Hospice
Lorie Eber, JD
Council on Aging® CEU Program Coordinator

Date: Thursday, November 18, 2010
Time: 8:00 am to 10:00 am
Location: Sunrise Senior Living at Seal Beach
3850 Lampson Avenue
Seal Beach, CA 90740

Accreditation: Two (2) hours of continuing education units are available for:
BBN Licensees (MFT, LCSW)-Provider No. PCE 2300
BRN Licensees (RN, CNA, HHA)-Provider No. CEP 8029
BVNPT Licensees (LVN)- Provider No. CEP V10674
RCFE Administrators-Provider No. 1000626-740-2

Cost: \$25 (includes continental breakfast)
How to Register: Complete attached registration form and submit payment. Seating is limited
Registration Deadline: Monday, November 15, 2010

Questions?

Contact: Lorie Eber
714-479-0107 ext. 263
leber@coaoc.org

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Creating a Culture of Sensitivity in Care Settings**

Continuing Education Information

2.0 CE Units will be offered for (*please circle*):

LCSW MFT RN LVN
*HHA CNA *RCFE *pending approval*

License Number: _____

Please provide the following (*legibly for certification purposes*)

Name _____

Position _____

Agency _____

Address _____

City, State, Zip Co de _____

Phone Number _____

Email _____

Fee Information

\$25 CEU Attendee*
\$25 NON-CEU Attendee*
*includes certificate

Location Information

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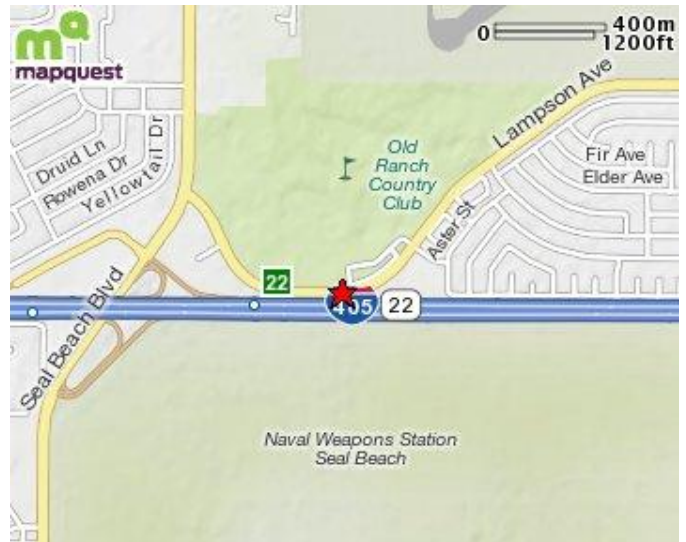
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Payment Options

- By check:** Payable to "Council on Aging, Orange County" and mail completed registration form.
- By credit card:** (a) fill in information below and fax to 714-479-0234, or (b) fill in information below and mail to Council on Aging-Orange County:

Mailing address: 1971 East 4th Street, Suite 200, Santa Ana, CA 92705

Credit Card (*please circle*): Visa MasterCard

Account # _____ Expiration Date _____

Card Holder Name: _____