



Pennsylvania Association of Directors of Nursing Administration Long Term Care (PADONA)

Empower and Engage: Achieving Staffing Stability in Long-Term Care

Course focused on recruitment, retention and staff care to promote staff stability and continuity of resident care.

Wednesday, October 16, 2024
8:00 am until 12:45 pm
Virtual Education

Name: _____ Position: _____
(Please print clearly)

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____

Professional License Number: _____

Registration Fee : \$100 Members and \$125 non-members

Registration will close 3 pm October 15, 2024

Please advise us of any cancellations prior to the start of the program.

4.0 Nursing Continuing Professional Development contact hours will be provided after completion of an online program evaluation which includes submission of your license number and inclusion of the correct beginning and ending codes and attendance at each full education session (breaks have been included).

PADONA is an approved provider of Nursing Continuing Professional Development contact hours by Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

*Neither the nurse planner nor any of the educators have a relevant financial relationship with an ineligible company.

Forms to be submitted via email at luann@padona.com.

PADONA / LTC

CREDIT CARD AUTHORIZATION FORM

Please complete the following Credit Card Authorization in order to allow us to process your payment.

I authorize PADONA/LTC to bill my valid credit card immediately for the item noted below.

Payment Information:

Name as it appears on credit card: _____

Type of credit card: AMEX Discover MasterCard VISA

Card Number: _____

Expiration Date: _____ Security Code: _____

Amount to be charged to card: _____

For: _____

E-mail address where receipt will be sent: _____

Name: _____ Date: _____

(Print)

Signature: _____

(Your credit card information will be used only as necessary to process payment and will not be shared with any other party except as may be required by law.)

Your form may be e-mailed to luann@padona.com or faxed to 856-780-5149.