

Hoosier Owners & Providers for the Elderly
3530 South Keystone Avenue
Suite 301
Indianapolis, IN 46227

2010 HFA/RCA ADMINISTRATOR COURSE

**PRESENT BY:
HOOSIER OWNERS AND PROVIDERS FOR THE ELDERLY**

JUNE 7TH—JULY 23RD, 2010

ON THE CAMPUS OF:

**INDIANA WESLEYAN UNIVERSITY
3777 PRIORITY WAY SOUTH
INDIANAPOLIS, INDIANA**



HEALTH FACILITY & RESIDENTIAL CARE ADMINISTRATOR COURSE June 7th through July 23rd, 2010



**The Health Facility & Residential Care
Administrator Course Class of 2008.**

HOPE's Health Facility (HFA) and Residential Care Facility (RCA) Administrator training course is a state approved, Specialized Course in Long Term Healthcare Administration. Students successfully completing the course will meet the educational requirements for licensure as a Health Facility or Residential Care Facility Administra-

Rebecca Bartle, MSN, RN, HFA, Robert Decker, CPA, HFA, and other seasoned, long term care professionals will thoroughly cover licensure and certification regulations, human resources, management, legal, financial management and other aspects of managing a Long Term Care facility.

The tuition for the full, seven (7) week HFA course is \$3,000. The RCA portion of the course, which runs for the first four (4) weeks, is \$1,900. This fee includes all the days of instruction, course materials, study guides and texts. In order to guarantee a place in the 2010 class, applicants must send a \$300, non-refundable deposit with their application. This deposit will be applied towards full payment of the course, which is due by May 28, 2010. A \$250 discount is available to those students whose tuition is paid by a HOPE or IAHSa member facility.

Funding opportunities may be available through the Workforce Development Education and Training Choices program. Contact your local Workforce Development office for more information. The HFA Administrator Course number is 7063.

Contact the HOPE office, 317-472-0677 or email pmilam@hoosierownersandproviders.org for further information.

Weekly Class Schedule June 7th—July 23rd

Monday
10:00 a.m. - 5:00 p.m.

Tuesday-Thursday
9:00 a.m. - 4:00 p.m.

Friday
9:00 a.m. - 3:00 p.m.

****Lunch on your own
daily from 12:00 p.m. -
1:00 p.m.***

REQUIREMENTS FOR LICENSURE

Education:

All applicants for Health Facility or Residential Care Administrator licensure must have a high school diploma and have completed one of the following educational requirements:

Possession of a baccalaureate or higher degree from an accredited institution of higher learning, and completion of a required Administrator-in-Training program; or

Possession of an associate degree in health care from an accredited institution of higher learning, completion of an approved **specialized course of study in long-term health care administration**, and completion of a required Administrator-in-Training program; or

Completion of an approved specialized course of study in long-term health care administration and completion of a required Administrator-in-Training program.

Please note: Although the course is not required for those individuals holding a baccalaureate degree, the knowledge that this course provides is invaluable when it comes to successfully obtaining and completing an AIT program and passing the state and national exams. Over 85% of past students of the course, who completed an administrator- in-training program (AIT), passed their National and State examinations on the first attempt.

The education requirement must be met before an applicant can begin an Administrator-in-Training program.

Administrator-in-training Program:

Once the education requirement is met, each applicant for licensure is required to complete an Administrator-in-Training (AIT) program under the supervision of a qualified Preceptor. **It is the obligation of the student** to secure the commitment of a Preceptor for the AIT experience. AIT program or other licensure inquiries should be directed to the Indiana Professional Licensing Agency at 317-234-2051 or pla6@pla.IN.gov.

Attendance:

Course completion requires **200 hours of participation**. Each student is required to sign an attendance agreement acknowledging this requirement. Attendance is taken daily. Absence (excused only for personal illness or family emergency) requires the completion of make up assignments covering the content of the missed session. Make up assignments generally require more time than the missed session. It is the responsibility of each student to secure reliable transportation and childcare to ensure timely arrival for class on a daily basis.

Examinations:

Successful completion of this course requires the student to meet the course attendance requirement and to demonstrate his/her knowledge of the material by **passing all course examinations**. Receipt of the certificate denoting completion of the 200 hour HOPE specialized course of study in long-term health care administration requires a passing score of **75% on both the state and national final exam**. Those students who successfully pass the HOPE specialized course must complete an AIT program and pass the National Association of Long Term Care Administrators Board exam and the Indiana Jurisprudence exam in order to receive a license as an Health Facility or Residential Care Administrator.

APPLICATION FORM

Contact Information

If you *are not* affiliated with a facility or are paying for this course on your own, please include only your home information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: * _____

Complete if affiliated with a Health Facility:

Facility Name: _____

Facility Address: _____

City: _____ State : _____ Zip: _____

Will facility pay tuition? Yes No If yes, will Facility need an invoice? Yes No

Is facility a HOPE Member? Yes No Is facility an IAHSA member? Yes No

Payment Method: indicate ___HFA OR ___rca course

___ Only my \$300 non-refundable deposit is included.

___ My full payment is included

___ Full payment will be sent by May 28, 2010 (only available to those receiving funding through state or federal sources. Confirmation of funding must be provided.)

Send correspondence to my home address Send correspondence to my facility address

EDUCATION:

High school education? Yes No School: _____

College education? Yes No School: _____ Degree? _____

Post Grad education? Yes No School: _____ Degree? _____

MAKE CHECKS PAYABLE TO HOPE

Mail to: Hoosier Owners and Providers for the Elderly
3530 South Keystone Avenue, Suite 301
Indianapolis, IN 46237

*** Information concerning the course will be sent to you via email.
Please provide us with a valid address.**