

RCA PRECEPTOR COURSE

rca preceptor certification

To qualify as a preceptor, applicants shall:

1. be a currently in licensed Indiana:
 - a. be a HFA to precept an applicant seeking licensure as an HFA or RCA; or
 - b. be a RCA to precept an applicant seeking licensure as an RCA;
2. file an application with the Health Facility Administrator's board and be approved prior to serving as the preceptor; and
3. have attended, within the five (5) years prior to applying to serve as a preceptor, a board approved educational program and forward to the board a certificate of completion;
4. have active work experience as an HFA or RCA for at least two (2) out of the immediate preceding three years prior to the date of application; or
5. be a current CEO of a continuing care retirement community who holds a current valid HFA license; or
6. be a current regional manager for a multi-facility organization who holds a current valid HFA license or RCA and who affirms to the board that his or her physical presence at the training location is concurrent with at least sixty percent (60%) of the applicant's physical presence at the training location; and
7. shall not have any disciplinary action taken by the board against his or her HFA or RCA license in the last two (2) years

Course Objectives:

1. Understand the mandatory RCA administrator-in-training program requirements.
2. Gain knowledge in federal and state regulations that apply to administration and management of a residential care facility.
3. Be prepared to provide an approved RCA administrator-in-training program.

Program: September 8, 2010 (8:30 a.m. Registration; 9:00 a.m. - 4:00 p.m.)

Presenters

Sharon Kennell, SharCare LLC; **Staff TBA**, State Board of Health Facility Administrators, IPLA; and **Don M. Gatlin**, Health Management Advisors, Inc./Gatlin & Co.

Educational Credits

Administrators will earn 6.0 CEUs for attending this program. Administrators also earn 2.0 CEUs each month they serve as a preceptor of an AIT program.

info

Reminder Seating is limited, so to secure your registration, fax this form to 317-733-2385. Then, send check payable to IAHSA, to P.O. Box 68829, Indianapolis, IN 46268. Classes are held at IAHSA on the campus of Hoosier Village in Indy.

Questions If you have any questions, please call IAHSA at 317-733-2380 or see our website at www.iahso.com. **All registrants will receive a confirmation email. If you do not provide an email address, you will not receive confirmation.**

Cancellation Policy Registrations may be canceled 48 hours in advance. After that time, no refunds will be permitted. Substitutions are welcome. All no-shows will be billed.

registration form

Name: _____ Email: _____

Facility: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Payment: Member: \$149 X ____ = ____ -or- Samaritan Alliance Member: \$75 X ____ = ____

The Samaritan Alliance Rate is for members who are also members of the Samaritan Alliance. If you are unsure if your facility is a member, please call the IAHSA office at 317-733-2380.

Check — or — Credit Card [VISA MC AMEX]

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Questions: ☎ call 317-733-2390 📠 fax 317-733-2385 🖱 see www.INassistedliving.org