

LEAP TRAIN-THE-TRAINER REGISTRATION INFORMATION

Pricing

Workshop registration fee includes LEAP materials, a light breakfast, snacks and lunch each day. Costs of lodging and transportation are responsibilities of the attendees.

1. **\$800** – Workshop registration fee includes LEAP modules 1 and 2 and a LEAP binder. At the end of the workshop, the attendee becomes certified as a LEAP Specialist.
2. **\$550** – Workshop registration fee includes a LEAP binder only. Attendee must bring the complete set of training materials (modules 1 and 2) to the workshop. At the end of the workshop, attendee is certified as a LEAP Specialist.
3. **\$500** – Workshop registration fee includes a LEAP binder only. Attendee participates in the workshop as an observer.

Organizational Readiness Survey

(Survey may be downloaded from the LEAP website and photocopied.)

Prior to the LEAP Train-the-Trainer Workshop, each long term care facility (e.g. “organization”) completes a brief self-assessment of their learning capacity.

Each facility’s administrator and director of nursing ***must*** complete this survey and other staff members as determined by the administrator or director of nursing.

Evaluation of the organization’s learning capacity focuses on assessment of three key areas. Determination of the organization’s:

- Management Style
- Readiness for Learning
- Capacity to Implement and Sustain LEAP

Results of the self-assessment are forwarded to the facility’s administrator and director of nursing with recommendations for readiness of the organization for LEAP.

Completed registration includes

1. Completed registration form
2. Signed license agreement (*downloadable from website*)
3. Completed Organizational Readiness Surveys (from the administrator **and** nursing director)
4. Check made payable to ***Mather LifeWays***
5. Send registration forms and accompanying materials to
LEAP Program
Mather LifeWays Institute on Aging
1603 Orrington Avenue, Suite 1800
Evanston, IL 60201

Questions/concerns:

Phone: (847) 492-7444

E-mail: leap@matherlifeways.com

LEAP TRAIN-THE-TRAINER REGISTRATION FORM

Please complete the following information to register your facility for the LEAP Train-the-Trainer 2 day workshop. We will confirm your class dates within 3 working days of receipt of your registration.

Dates of Workshop

(See website for dates and locations.)

1st choice: Date _____ Location _____

2nd choice: Date _____ Location _____

Organization Information

Organization/Facility _____

Address _____
(street)

(city)

(state)

(zip code)

Size of Facility (please check one)

Less than 50 beds _____ 50-100 beds _____ Over 100 beds _____

Registration

Fee

1 Name _____
Position _____
Phone _____
E-mail _____

\$ _____

2 Name _____
Position _____
Phone _____
E-mail _____

\$ _____

3 Name _____
Position _____
Phone _____
E-mail _____

\$ _____

(Please photocopy this form if you are sending more than 3 attendees.)

Total

\$ _____

Special dietary requests

Attendee 1 _____
Attendee 2 _____
Attendee 3 _____