Registration Form

48-hour course begin on February 10 & August 17, 2020

Registrant and Payment Information: Complete All Information

Attendee Name ____________________________
Attendee Title (if applicable) ____________________
Attendee Home Address __________________________
Attendee City/State/Zip __________________________
Attendee Work Phone number ______________________
Attendee Home Phone number ______________________
Attendee CELL Phone number ______________________
Attendee PERSONAL E-mail ______________________
Attendee WORK E-mail __________________________

Facility/Building Name (if applicable) ______________________
Facility Corporation (if applicable) ______________________
Facility Address __________________________
Facility City/State/Zip __________________________
Facility Phone number __________________________

Payment Method: Check _____ Visa _____ MC _____ Amount: ______

Name on the card: ____________________________
Address card billed to: __________________________
Account # ____________________________
3-digit code _____ Exp. Date: ____________

Cancellation/Withdrawal/Incompletion:
Cancellations made less than 15 working days prior to the scheduled session or "no shows", are not eligible for a refund. Each situation will be reviewed for determination of refund or credit eligibility. ($50 is nonrefundable - if a refund is approved.) If a session is cancelled by the Provider, a full refund will be made. For additional clarification, contact the Course Provider.

Assistance:
Please let the Course Provider know if you need special accommodations.

Interest:
___ Yes, please contact me concerning the Residential Care / Health Facility Administrator Courses.
___ Yes, please contact me concerning the Preceptor Course.

Attendee Registration Signature:
I certify, under the penalties of perjury, I have represented my identity and place of employment truthfully and that I am attending for the sole purpose of completing the course of study to meet state requirements - to achieve my Social Service Designee Certification. I further certify that I am not attending to engage in an investigation of this course, its speakers, or its sponsors.

Attendee’s Signature: __________________________ Date of Signature: ____________

Social Service Designee Course of Study* (48 hrs.) Mon-Sat. (8-5)

SELECT THE APPROPRIATE DATES.
___ I wish to register for the course on February 10 – 15, 2020
___ I wish to register for the course on August 17 – 22, 2020

Cost and Payment
$595.00 -- Payment is due upon registration.

• NOTE: Attendee must have a high school diploma or GED to be eligible to attend.

Location of Class: Hampton Inn
Hotel: Hampton Inn Indianapolis-Nw/Castleton
Company Name: Success Development Inc.

Please note, the entire URL must be copied and pasted into your browser for it to work properly.

For more Information, contact:
Vivian Wright-Defrees
317-596-0707
vwd@successdevelopment.biz

To Register, send this registration form – and appropriate payment - to:
Vivian Wright-Defrees
Success Development, Inc.
9801 Fall Creek Rd. #417
Indianapolis, IN 46256

Note: If you are paying by check, it should be made payable to:
Success Development, Inc.

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Social Service Designee CERTIFICATION

Are you ready to be a Social Service Designee, an advocate for those living in a health facility?

In as little as **48-hours** you could become a Social Service Designee while networking with others - within the healthcare industry. If you are interested in the health facility environment, this approved course fulfills the required hours for certification.

For More Information, Contact:

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(317)596-0707
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Join these Alumni – Become a Social Service Designee

Specialized Course of Study
Developed, Owned and Provided by

and Sponsored by
HEALTHCARE INDUSTRY
Help Fill the Need

This is one of the fastest growing industries in America. The healthcare industry will continue to grow as the majority of America’s population continues to age. In fact, this will be the largest group of seniors the world has ever seen. There will be a great demand for healthcare. As a result, there will be a greater than ever demand for skilled employees. To meet state requirements for social services, within each health care facility, more and more social service designees will be needed.

SOCIAL SERVICE DESIGNEE
Course Purpose

The Social Service Designee course provides the basic knowledge to fulfill the role of a Social Service Designee. Attendees – upon successful completion - will receive a certificate to fulfill requirements defined in the state and federal regulations for nursing facilities/long term care facilities.

SOCIAL SERVICE DESIGNEE
Course Objectives

Participants – upon successful completion of the course - will be able to:

● Serve as the Social Service Designee in a nursing facility – under 121 beds.
● Serve as a Social Service Designee in a nursing facility — over 120 beds — under the supervision of a Social Worker.
● Coordinate services needed to attain or maintain the highest practical physical, psychological and psychosocial well-being for each resident.
● Participate on the care team and utilize internal/external resources to identify and secure appropriate resident services.
● Schedule and maintain appropriate resident interaction with the social Service Designee.

LOCATION

Hampton Inn
6817 E. 82nd Street / Indianapolis, Indiana 46250. (It is basically at intersection of 82nd Street and 469 (west side of 469) 317-576-0220 To book a hotel room and get reduced rates, use the following Hotel Room Booking Link (URL): https://secure3.hilton.com/en_US/hp/reservation/book.htm?ctyhocn=INDNEHX&corporateCode=0003189643&from=InLink
Hotel: Hampton Inn Indianapolis:Ne/Castleton
Company Name: Success Development Inc.

He did it!

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