

Residential Care Administrator / Health Facility Administrator

Specialized Courses of Study

Sponsored by:



Developed, Owned and Provided by:



Registration Form

The 2025 - 4/6-week courses begin on **March 11 & September 16**

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 non-work 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. (\$500. 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 Social Service Designee Course.

____ Yes, please contact me concerning the Preceptor Course.

____ Yes, please contact me concerning the AIT Program.

Attendee Registration Signature:

I certify, under the penalties or perjury, I have represented my identity and place of employment truthfully and that I am attending for the purpose(s) of completing the course of study to meet state requirements – and/or enhance my education - to achieve my RCA or HFA license. 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 _____

SELECT YOUR RCA OR HFA COURSE OF STUDY

(Check or "X" only ONE)

____ RCA = Mar. 11 – Apr. 4, 2025 (4-wks)

____ RCA = Sept. 16 – Oct. 10, 2025 (4-wks)

4 days a week - Tuesdays, Wednesdays, Thursdays, Fridays (8-4:00 pm)

\$3,195.00 Payment is due at the time of registration.

____ HFA = Mar. 11 – Apr. 18, 2025 (6-wks)

____ HFA = Sept. 16 – Oct. 24, 2025 (6-wks)

4 days a week - Tuesdays, Wednesdays, Thursdays, Fridays (8-4:00 pm)

\$4,395.00 Payment is due at the time of registration

Format and/or times may be adjusted.

Location of Class: **ZOOM - Virtual/Online** .

For more Information, contact:

Vivian Wright-Defrees

317-596-0707

vwrightdefrees@successdevelopment.biz

To Register,

register online at:

<https://www.successdevelopment.biz/residential-care-and-health-facility-administrator-online-registration/>

or 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.

NOTE: Courses approved by **IPLA**, Indiana Professional Licensing Agency

Residential Care Administrator and Health Facility Administrator

Specialized Course of Study

Courses approved by IPLA, Indiana Professional Licensing Agency

Sponsored by:



Developed, Owned, and Provided by:



If you are looking to turn your “job” into a real career, **Success Development** and the **Indiana Health Care Association** could be your source to obtain that opportunity. **RCA/HFA** courses give you the chance to change your life and your situation. They allow the potential inside you to come out and fulfill your destiny. This state approved six-week program (four-week for RCA) will provide you the informational foundation needed to pass the **RCA/HFA** licensing exams.

Should you take the Course?

In as little as **six-twelve months**, you could be starting a rewarding and profitable career that could afford you a lifestyle that you have only dreamed about.



The course is required for those that do not otherwise meet the state’s education requirements. Even if not required, this 4/6-week course provides you with a more solid foundation to maybe shorten your licensing process.

Benefits of the Course

include but are not limited to:

- ✓ The potential to secure your career in a recession-proof industry and the potential of additional career options.
- ✓ The ongoing source to increase your skill sets.
- ✓ The highly qualified and caring instructors that are practicing professionals in the industry.
- ✓ The high standards of the Sponsor, **Indiana Health Care Association**, as a highly respected industry association.
- ✓ The collaboration between the course Sponsor and Course Provider is a true example of a Symbiotic Relationship.
- ✓ The program being developed, owned, and provided by **Success Development, inc**— an organization with 20+ years serving others.

The Healthcare Industry

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 Residential Care and Health Facility Administrators. Without these administrators, the healthcare industry could virtually come to a standstill. They are critical to a functioning healthcare system



LOCATION of class:

Virtual/Online

For More Information, Contact:

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