

Alzheimer's Disease and Dementia Care Seminar

Location: HR Classroom

Thursday May 29, 2025

Check in is from 7:30 am -8:00 am

Seminar is from 8:00 am to 5:00 pm

One-hour lunch on your own, you are welcome to bring your own food or drinks

Last Name_____First Name_____

Badge#_____ Title_____

License #_____ (Nurse, Social Service, Administrator)

Phone #_____ Email_____

Employee Signature: _____Date:_____

Supervisor Signature: _____Date:_____

Student hand out notebook provided

*No form of taping is allowed nor are laptops permitted in the seminar,
unless used for the sole purpose of viewing the digital handbook.*

Date Received: _____

Signature Deborah Ozuah RN, Clinical Educator