

Education *access*

IHCA
ILLINOIS HEALTH CARE ASSOCIATION

ICAL
ILLINOIS CENTER FOR ASSISTED LIVING

The Center
For Developmental
Disabilities Advocacy and
Community Supports

Review Course for the Illinois Licensure Examination for Nursing Home Administrators

Dates & Locations

Naperville

Saturday, May 5 and Saturday, May 12, 2018
NIU– Naperville
1120 E. Diehl Rd., Naperville
Room: 166

Springfield

Wednesday, May 30 and Thursday, May 31, 2018
Northfield Inn, Suites and Conference Center
3280 Northfield Dr., Springfield
217.523.7900

A block of sleeping rooms is available. Mention IHCA to get a discounted rate of \$84 per night (tax additional). Rooms must be reserved by May 9, 2018 to receive the discounted rate.

Agenda & Overview

| | | | |
|-------|---|-------|----------------------------------------|
| 8:00 | - | 8:30 | Registration and continental breakfast |
| 8:30 | - | 12:00 | Review |
| 12:00 | - | 1:00 | Plated lunch |
| 1:00 | - | 6:30 | Review (Day One) |
| 1:00 | - | 5:30 | Review (Day Two) |

DAY ONE

May 5 and May 30 will be devoted to reviewing material covered by the national portion of the exam. The session will cover federal laws and regulations, and present basic principles of leadership and management, human resources, finance, physical environment, and resident care and quality of life. Study materials you will receive: "Practice Questions and Answers on Nursing Home Administration" by John T. Cirn, Ph.D. written in the same multiple-choice format used in the licensure exam. "Review Manual for the National Part of the Licensure Examination" by John T. Cirn, Ph.D. is a two-binder set containing overviews of human resources management and financial management in the nursing home; a glossary of long term care terms; outlines of the Medicare and Medicaid programs, federal employment laws, and the Life Safety Code; and readings on infection control, activity programming, resident-centered care and numerous other topics addressed by both the core and the NHA specialty components of the NAB exam. Federal materials include the certification standards, all the survey guidances, and the survey protocol.

DAY TWO

May 12 and May 31 will focus on materials covered by the state supplemental part of the exam, primarily the Illinois licensing rules for skilled nursing facilities. **BRING A CALCULATOR** for the practice exercises on calculation of minimum "direct care" staffing.

Objectives

To provide assistance in passing the Illinois Licensure Examination for nursing home administrators through:

- »Intensive lectures on basic principles of nursing home administration;
- »Spotlighting and explanation of the "testable" provisions of the Illinois Minimum Standards; and
- »Practice tests aimed at improving test-taking skills.

Continuing Education

Illinois nursing home administrators who attend this course will earn 8.5 CEs for Day One and 7.5 CEs for Day Two. The Illinois Health Care Association is an approved sponsor of continuing education by the Illinois Department of Financial and Professional Regulation.

Review Course, cont'd

Presenter

John T. Cirn, Ph.D., has had experience as both an administrator and an educator. Throughout 1992, he was Assistant Administrator of Peace Memorial Home, a 242-bed skilled nursing facility in Evergreen Park, Illinois. Prior to that, he spent 13 years as a full-time professor on the faculty of university departments of health administration, and taught courses on nursing home administration for seven of those years. For the fifteen years from 1996 to 2011, John was an adjunct instructor for the College of DuPage, teaching a sequence of three home-study courses on nursing home administration. He completed an administrative internship at a skilled nursing facility, and has held an Illinois NHA license since 1985. He has conducted the Review Course 245 times. He was author of the chapter on financial management in all of the five previous editions of the *NAB Study Guide*. John is also author of *Long-Term Care Human Resources Management: The Personnel Touch*, published in 1990 by the Association of University Programs in Health Administration.

Retake Policy*

If you wish to retake the course for any reason, you may do so at a reduced rate within one year of the date of the original course. The fee covers food and material costs. If you are retaking this course, you are required to bring binders used at the previous course attended. Only updates to the binders will be provided.

Registration Policies

- Fee includes refreshment breaks, lunch and handouts.
- Refunds will be honored if requested five business days prior to the course for which you are registered. No refunds will be honored after that date, however, substitutions are accepted without prior notification to IHCA.
- Registration will not be guaranteed without payment. Persons who have paid in full will have priority for available seats over those who have not paid in full or persons that register on site.
- Phone registrations will not be accepted. Mail your registration early. Registrations may be faxed (with credit card payment) to 217-528-0452.

Exam Application

The NHA licensing exam has two parts, a national exam and a state supplemental exam. Unless you have already passed the national exam in another state, you must register for and pass both of these exams in order to receive an Illinois license.

The national exam (the NAB exam) has two computer-based components, a 110-question "core" exam and a 55-question "NHA specialty" exam. Both components are usually taken together on a date scheduled by the candidate and at the candidate's choice of any one of 300 PSI Test Centers located throughout the nation, including nine sites in Illinois.

The State Supplemental exam is a 75-question pencil-and-paper exam that can only be taken on a certain date once each quarter (January, April, July or October). The exam site alternates between Springfield and the Chicago area. The next state supplemental exam is scheduled for July 11, 2018 in the Chicago area. The deadline for filing an exam application is May 11, 2018.

Start your application process by visiting the web site of the Illinois Department of Financial and Professional Regulation: www.idfpr.com. Click on "Professional Regulation" then "Regulated Professions." Choose "N," then "nursing home administrator" and "License Application Forms." Here you will be able to choose links to a candidate's study guide and both paper and online forms for the application for licensure and the exam. To see the candidate's handbook to the NAB exam, visit www.nabweb.org and click on the "exam info" tab. To register for both parts of the exam, first submit either a paper or online application and two fees to Continental Testing Service. Any time after that application has been accepted (it does not have to be right away), register online at the NAB website for the core and NHA specialty components of the NAB exam (Combo: Core + NAB), which requires payment of one more fee by credit card.

Registration Fees

| Fees | One Day | Two Days |
|-------------|---------|----------|
| Members | \$275 | \$395 |
| Non-members | \$375 | \$645 |
| Retake | \$160* | \$215* |

Full-time students qualify for the member rate.

Review Course Registration— May

PARTICIPANT (please type or print clearly)

Name _____

Facility _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Email Address: _____

Which site will you attend? Naperville – May 5 & 12 Springfield– May 30 & 31

Mark those that apply:

- I will attend both days.
- I will attend Day One only (May 5 or May 30).
- I will attend Day Two only (May 12 or May 31).

Please list any dietary restrictions: _____

NOTE: Kosher meals are not available at the Springfield location

| <u>Fees</u> | <u>One Day</u> | <u>Two Days</u> |
|--------------------|----------------|-----------------|
| Members | \$275 | \$395 |
| Non-members | \$375 | \$645 |
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PAYMENT INFORMATION

Registration fee \$_____ (See Above Chart)

- Check enclosed (payable to IHCA)
- Charge to: Visa MasterCard American Express Discover

Account # _____

Exp. Date _____ Security Code: _____

Credit Card Billing Address: _____

Credit Card Billing Zip Code: _____

Signature _____

Return with payment to:

**Illinois Health Care Association
1029 S. Fourth Street
Springfield, IL 62703
Fax: 217.528.0452**

OR

Register Online:

[Click here](#)

| AMOUNT | CK#/ CC | MEMBER STATUS | DATE |
|--------|---------|---------------|------|
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