

# alzheimer's association®

Greater Cincinnati Chapter  
644 Linn Street, Suite 1026  
Cincinnati, OH 45203  
(513) 721-4284 or 1-800-272-3900  
[www.alz.org/cincinnati](http://www.alz.org/cincinnati)

## Family Support Group Facilitator Training

This program provides training to those interested in learning the basics of organizing, facilitating or maintaining an Alzheimer's/dementia family caregiver support group in the community. Attendance at this program does not certify a participant as an affiliated Alzheimer's Association group facilitator.

**Date:** Friday, April 27, 2012

**Time:** 8:30 a.m. – 12:30 p.m.

**Location:** Alzheimer's Association  
644 Linn Street – 3<sup>rd</sup> Floor Conference Room  
Cincinnati, OH 45203

**Cost:** \$50 per person (*There is no fee for affiliated Alzheimer's Association Support Group facilitators.*)

**CEUs:** 3.5 clock hours are approved for Ohio counselors and social workers.

3.5 contact hours for nurses are approved by the Ohio Board of Nursing through the OBN Approver Unit at the University of Cincinnati College of Nursing, Continuing Education Program, (OBN-011-93). Contact hours are valid in most states. Program # 120427-1

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**DATE:** Friday, April 27, 2012

### **REGISTRATION FORM (Please print.):**

Your name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Telephone 1: ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone 2: ( \_\_\_\_\_ ) \_\_\_\_\_

Circle one: Home Work Cellular      Circle one: Home Work Cellular

Gender: \_\_\_ M \_\_\_ F Age: \_\_\_\_\_ Ethnicity: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Native Amer. \_\_\_ Asian \_\_\_ Other

Professional Discipline: \_\_\_ Social Worker \_\_\_ Counselor \_\_\_ RN / LPN State where Licensed: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

### **Method of payment (Registration is not guaranteed without payment.):**

Check # \_\_\_\_\_ (Make check payable to Alzheimer's Association)

Credit Card:  Visa  Master Card  Discover  American Express

Name as it appears on credit card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

Please send completed registration form with payment to the Alzheimer's Association of Greater Cincinnati at:  
644 Linn Street, Suite 1026, Cincinnati, OH 45203 Fax: (513) 345-8446