

Activity Director Certification Services

Mail registration and check payable to: **Theresa Thorland**
10509 390th Street
Thompson, IA 50478

Fax or email registration and credit card information to: 641-584-2870 / dtntt@wctatel.net

Call in credit card information to: **641-390-0223** Secondary: **641-590-2673**

Credit Card #: _____ Expiration Date: _____

3 Digit Security Code #: _____ Credit Card Billing Zip Code: _____

Please check course(s) and payment method:

Check/Money Order Credit Card

- **Assessing Individual Resident Sensory Preferences (10.5 CEs):** \$100.00 _____ \$104.00 _____
 *No book required
- **Canned Soup Or Make Your Own Chef Salad (13 CEs)** \$130.00 _____ \$134.00 _____
 *No book required
- **Documentation Overview for Activity/Recreation Professionals in Elder Care (8.5 CEs)** \$85.00 _____ \$88.00 _____
 *Student is to purchase book **Documentation in a SNAP 4th Edition** by Ann G. Uniack separate from course fee
 Ordering options: Idyll Arbor, INC. Phone: 360-825-7797 Website: www.idyllarbor.com
- **Effective Programming for Alzheimer's & Dementia Residents (6.5 CEs):** \$65.00 _____ \$67.00 _____
 *No book required
- **Enhancing Wellness Through Sensory Stimulation (8 CEs):** \$80.00 _____ \$83.00 _____
 *No book required

Registration fee is nonrefundable after 7 days from receiving payment

Student Information

Name---Please print clearly _____

Street---Please print clearly _____

City, State, Zip---Please print clearly _____

Phone _____

E-mail---Please print clearly _____

Signature/Date _____