



The Aide's Role in Falls Prevention Risks

***Cheryle Atwater, PT
July 13, 2017 3-4 p.m. EST***

Description: Statistics show that 30% of those greater than 65 years old fall each year; and, one-half (50%) of those will suffer multiple falls. Emergent care due to injuries secondary to falls is one of the most frequently occurring adverse events reported for our home health population. This session will explore the risk factors contributing to falls and methods for identifying and addressing these factors by in-home aides, in collaboration with other members of the interdisciplinary team.

Convenience: Enjoy the convenience and cost-efficiency of a webinar – watch the speaker's slide presentation on the internet while listening by telephone or through your computer's microphone and speakers (VoIP). **Confirmation:** Prior to the webinar, a GoToWebinar link will be e-mailed to you. You will need to register through this link to attend the webinar. You will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts, if available, an evaluation and certificate. **Registration:** The registration deadline is July 12, 2017. Registrations may not be shared between agencies – the agency's registration covers the access of only one phone line/computer access to the webinar. Multiple site participation for your agency will require a separate registration fee for each connection.

Registration: Members: \$95 per agency line
Non-Members: \$195 per agency line

Fees will be refunded only if written cancellation is received by AHHC two weeks prior to the workshop **and no refunds after the registration link is sent to your agency.** In the event of a written cancellation, AHHC will retain \$30 of the initial fee to cover administrative overhead. **Please print – thank you!**

Agency Name: _____

Contact Name: _____

Address: _____

E-mail Address (please print): _____

Phone (): _____ Alternate Email: _____

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Enclosed is my check in the amount of _____ (payable to AHHC)

Credit Card Number: _____ Exp. Date _____

Name (as it appears on card): _____

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Signature (required): _____

Fax completed registrations to (919) 848-2355 or mail with payment to AHHC, 3101 Industrial Drive, Suite 204, Raleigh, NC, 27609. Please contact Richard@ahhcnc.org with questions.