



The Aide's Role in Understanding Depression

Cindy Morgan, RN, MSN, CHC, CHPN
December 14, 2017 3-4 p.m. EST

Description: The CDC estimates that one in ten adults in the United States reports depression. About 25 million Americans will have an episode of major depression this year alone but only half of them receive treatment. Depression is a leading cause of disability worldwide and represents a public health challenge. This disease may be experienced by people of any age group, any nationality or any socioeconomic level. Many times depression is not detected and therefore goes unmanaged. This presentation will focus on the manifestations of depression that patients may exhibit and the aide's role in caring for the depressed patient.

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 December 13, 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: _____

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Phone (): _____ Alternate Email: _____

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

Credit Card Number: _____ Exp. Date _____

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