



**HOME CARE**  
**S E M I N A R S**

North Carolina Home Care Licensure Applicant Training

**The following will be addressed in the training:** The current law requiring training; how to apply for your Home Care license; home care licensure rule review; overview of pertinent laws; sample policies and forms. There is a test you will need to take at the end of the class; the test results, along with your name, are then e-mailed into Azzie Conley at the DHSR. A certificate of completion will be provided to each agency that completes the class. **Please be sure you meet these minimum Qualifications needed to apply for a Home Care License before registering for the class. If you do not, and you still attend training, no refunds will be given.**

**Instructors:**

Connie Wilson, RN, currently serves as the RN Supervisor for Helping Hands of America. Connie has 30 years of Home Care experience, in addition to years of both classroom and Aide instructional experience.

Gavin Densmore, MBA, founded Helping Hands of America 9 years ago and currently serves as President of the company. He has sat through both the licensing process for the state of North Carolina, as well as two audits conducted by the DHSR.

**Registration:** The registration fee is \$600 per agency. This allows attendance for up to 2 agency representatives. If you are not local to Raleigh, we do offer the option of Skype training for an additional \$100. The agency owner is required to attend. Additional individuals from your agency may attend for \$325. Registrations are not confirmed until payment has been received. Forms must be faxed to (833) 244-0471. Please call 919-632-8891 to confirm receipt of your registration form. Walk-ins will not be accepted. Registrations are accepted on a first-come, first-served basis.

**Time:** **The training is offered every Tuesday from 9:30a to 3p.** We limit the number of individuals in the class to 10 participants, or roughly 5 potential new agencies.

**Payment:** Cash day of class, Cashiers Checks and Money Orders made payable to: **Home Care Seminar LLC**. Visa/MasterCard are accepted as well. Should you choose to pay by credit card, please add an additional 4% to cover the credit card processing fees.

**Disclaimer:** This class is offered for educational purposes only and does not guarantee that the attendee will be granted a license by the Division of Health Services Regulation. Neither Home Care Seminars nor any of its officers, directors, employees or affiliates shall be liable for any direct, indirect, special, consequential, punitive, exemplary and/or incidental damages of any kind whatsoever (including, but not limited to, loss of profits or attorneys' fees) in any way due to, resulting from, or arising in connection with Registrant's acquisition or use of the Materials, or from Registrant's reliance on any information provided. This limitation applies to all causes of action in the aggregate including, but not limited to, breach of contract, breach of warranty, negligence, strict liability, misrepresentation, and any other tort.



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SEMINARS

## Home Care Licensure Applicant Training

Agency Name: \_\_\_\_\_

Agency Owner: (Required attendance) \_\_\_\_\_

Agency Director: \_\_\_\_\_  
(Must meet Licensure Rule qualification)

E-mail Address (for registration confirmation): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Desired Class Date:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CLASS FEE: \$600.00

Initial Survey Packet: \$700.00    Forms: \$1,000.00    Policies & Procedures Manual \$1,200.00

**DISCOUNT!!! Class Registration + Forms + Policies & Procedures all for \$2,520.00**

### Credit Card Charge Authorization

Name on Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

\_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Last Three Digits on Back of Card: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please fax or e-mail to:    Fax: 833-244-0471    E-Mail: gavin@homecareseminar.com