

CALIFORNIA RESIDENTIAL SERVICES ASSOCIATION

ARF CEU Vendor # 1000873-735-2 / GH CEU Vendor # 1000873-730-2 / RCFE CEU Vendor # 1000879-740-2

2011 CLASS SCHEDULE

All classes are from 9am until 1pm

www.crsa.us

VISALIA:

- 4/29 @ CVRC – **Sexual Harassment** GH 873-0403-16494, ARF 873-0403-16495, RCFE 873-0403-16496
- 5/13 @ CVRC – **Medications** GH 873-0407-16478, ARF 873-0407-16479, RCFE 873-0407-16480
- 5/27 @ CVRC – **Preparing for QA's**: GH 873-0401-16502, ARF 873-0401-16503, RCFE 873-0401-16504
- 6/10 @ CVRC – **Regulation Interpretation** GH 873-0401-16499, ARF 873-0401-16500, RCFE 873-0401-16501
- 6/24 @ CVRC – **Dementia I** ARF 873-0411-16451, RCFE 873-0411-16452 (Not approved for GH)
- 7/8 @ CVRC – **Dementia II** ARF 873-0411-16453, RCFE 873-0411-16454 (Not approved for GH)
- 9/23 @ CVRC – **Job Burnout** GH 873-0403-16491, ARF 873-0403-16492, RCFE 873-0403-16493
- 10/7 @ CVRC – **Stress Management** GH 873-0404-16585, ARF 873-0404-16586, RCFE 873-0404-16587
- 10/21 @ CVRC – **HIV/AIDS/TB**: GH 873-0406-16482, ARF 873-0406-16483, RCFE 873-0406-16484
- 11/4 @ CVRC – **Dealing with Difficult People** GH 873-0403-16488, ARF 873-0403-16489, RCFE 873-0403-16490

CVRC Location: Visalia: 5441 W. Cypress

COST: Members: \$30 Non-members: \$60. Prices are **PER** class and **PER** person. The medications class will be offered to staff members for \$15 per staff member. Please note they will receive a different certificate.

CHECKS AND MONEY ORDERS ONLY. NO CASH ACCEPTED.

You must pre-register-either by mail or phone. Late phone registrants take a chance on not being admitted to the class. Priority seating will go to those who have pre-registered. Registration will begin ½ hour before class begins. The door will be locked ½ hour after class begins and late admittance will not be allowed. You must stay for the entire class in order to receive a certificate.

REGISTRATION SECTION: (Please do not detach)

Please check the box next to the class(es) you are registering for. Please list the names of people attending below.

Name(s): _____

Address: _____

Phone: _____

Member: Yes NO Amount Enclosed: _____

Please make checks payable to CRSA and mail to 4314 W. Cypress, Visalia, CA 93277
For questions contact: (559) 636-1876