



Healthy Aging: Focus on "Live, Not Just Exist" with Advanced Dementia

Alzheimer's Disease affects more than 5.5 million people in the U.S. and is the sixth-leading cause of death.

Experience of those caring for people with advanced dementia remains misunderstood and underserved. Care tends to focus on medical care only but not on quality of life.

This workshop focuses on Namaste Care™, developed by Joyce Simrad, MSW, which works on improving the quality of life and acknowledging the need to honor the spirit of residents in the last stages of dementia. You will learn how to help these people live with dignity in this stage of life.

Objectives: Participants will be able to:

- State an increase in knowledge about the use of Namaste Care™ in increasing the quality of care for persons with advanced dementia
- State at least one way they will incorporate Namaste Care™ into their care of people with advanced dementia

Speaker: Joyce Simrad, MSW, is a geriatric consultant, speaker, author, and adjunct professor. Joyce works with Seasons Hospice & Palliative Care on the ongoing development of the Namaste Care™ for people with advanced dementia. Her work focuses on educating care partners, both family and professionals, in helping people live, not just exist, with dementia. She speaks across the country to assisted living, long-term and hospice facilities. Namaste Care™ also is being accepted internationally in Australia, Scotland and England and most recently research is being done in the Netherlands and Canada. Her book "The End of Life Namaste Care™ Program for People with Dementia" is in its second edition published in 2013.

Want to know more about the speaker check out: <http://bit.ly/joycesimradpresentation>

Friday, June 24, 2016

9 a.m.-12:15 p.m.

(Check-in begins at 8:30 a.m.)

**Early Bird: \$39 (on/before June 16)
\$49 (after June 16)**

**Jack J. Huck Continuing Education Center • Room 302
301 S. 68th St. Place, Lincoln, NE**

3.0 contact hours awarded to nurses and social workers. For other health care professionals, check with your licensing agencies to verify that this workshop will count as continuing education in your field. Participants must attend the entire workshop to receive credit.

Target Audience:

- Nurses
- LMHPs
- Nursing Home Administrators

Co-provided with:



Cancellation/Refund Policy: You must call the Continuing Education Office at 402-437-2700 or 800-828-0072 the day before the class begins to receive 100% refund. If you call the day of the class or after it has started, no refund will be issued. If a class is cancelled or student drops (according to the refund policy), refunds will be issued to the student, unless a third party has been formally billed by SCC Business Office.

Southeast Community College Continuing Education Division is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

For more information, contact us at continued@southeast.edu; 402-437-2700; or 800-828-0072.

REGISTRATION FORM - NON-CREDIT COURSE

Complete this form with payment information and send via FAX or mail to:

**Southeast Community College, Jack J. Huck Continuing Education Center, 301 S. 68th St. Place, Lincoln, NE 68510
FAX: 402-437-2703**

Include credit card information or Letter of Authorization for third-party billing. The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to redisclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

2016 QUARTER

<input type="checkbox"/> SUMMER	<input type="checkbox"/> WINTER
<input type="checkbox"/> FALL	<input checked="" type="checkbox"/> SPRING

PLEASE PRINT

Social Security Number OR SCC Student ID Number		Name: Last		First	Middle Initial	Email Address	
Residence Mailing Address			City	State	Zip	County #	<input type="checkbox"/> Cell <input type="checkbox"/> Business Phone
Birth Date	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (select one or more): <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Nebraska Resident <input type="checkbox"/> Non-Resident	Home Phone	

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	HLTH-3044-CESA	HLTH-3044-CESB

SIGNATURE

Check Cash Mastercard AMEX Discover VISA V Code _____

Name as it appears on card: _____

Exp. Date _____ Credit card # _____

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

For the protection of your personal credit card information, do not email this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

Would you like a receipt mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	SCC Staff Tuition Waiver ()	FOR OFFICE USE ONLY ID# _____ DE _____
TOTAL DUE		

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-523-3412, FAX 402-523-3420, or jsoto@southeast.edu.

Register Online for SCC Continuing Education Classes

You must have an email account to register online.

1. Go to <http://bit.ly/RegisterCE>.
2. **Search for your class** by entering either a **key word** in the title or the **course number**. Click **Submit**. (Enter information in only one field for broader results.)
Key Word Example: *Driver*
Course Number Example: *TRAN-3398*
3. **Select the course** for which you wish to register. Click **Submit**.
4. Enter your **personal information, certify your identification** and click **Submit**.
* You must provide your Social Security Number.
5. *Optional*: Enter your **Additional Registration Information** and click **Submit**.
6. If you want to register for additional classes, select **Search for more classes** under "Choose one of the following." If you are finished selecting the class(es) for which you want to register, select **Register now (check out)**. Select your **Payment Type**. Click **Submit**.
7. Enter your **payment information**. Click **Submit**.

You will see your **class acknowledgement** with information about your **SCC Student ID Number, SCC User ID** and **password**. You also will receive an email with this same information for your records.

In the future it will be easy to register by logging in using your SCC User ID and password and it will not be necessary to provide your Social Security number again.

If you have problems getting registered, please call 402-437-2700 or 800-828-0072 for assistance.

“Southeast community college

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