

# *First Steps* Advance Care Planning Certification Course

Wednesday, April 28, 2021

8:00am-4:30pm (Registration opens at 7:45)

Sanford 501 Place  
501 4<sup>th</sup> St N, Fargo ND

**First Steps ACP Course** is designed to help participants learn skills to facilitate ACP discussions. The course is for healthcare providers, nurses, social workers, clergy, and others involved in providing ACP.

**Purpose:** The purpose of this program is to assist participants in learning effective communication and conversation skills for person-centered ACP facilitation.

## Learning Outcomes

1. Identify communication skills for Facilitating *First Steps* ACP conversations
2. Create strategies to transfer individual goals, values, and preferences to an advance directive.
3. Demonstrate beginning competency in facilitating *First Steps* ACP conversations through role-play activities

## Prerequisites

1. Complete the *First Steps*® ACP Facilitator Online Core Curriculum prior to class. Modules 1-4
2. Attempt an ACP conversation with a loved one or close friend
3. Review an Advance Directive document from your organization/community

\*The online prerequisite is intended to help prepare you for the classroom experience. Contact hours for the online modules are available through Respecting Choices and can be downloaded upon completion.

## Non-refundable Registration Fee:

- **Early Bird** \$125 if registrations received before **April 7, 2021**.
- After April 7 registration fee of \$150.00

\*Includes the cost of the Online Modules from Respecting Choices® and lunch

\*Payment must be received before Online Module access codes can be distributed

## Registration Deadline: April 14, 2021

**Instructors:** Chelle Lyons Hanson-Chaplain and Marsha Nygaard-RN [marsha.nygaard@sanfordhealth.org](mailto:marsha.nygaard@sanfordhealth.org)  
Please call 701-234-8806 or 701-234-3757 with any questions.

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### FIRST STEPS Registration form:

Name: \_\_\_\_\_ Profession/Job Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Payment Method: \_\_\_\_ Check (Made to Sanford Health) \_\_\_\_ Other (interdepartment transfer of funds) \_\_\_\_\_ Required

\*Registration thru [tara.decock@sanfordhealth.org](mailto:tara.decock@sanfordhealth.org) or mail registration to:

Sanford Health  
801 N. Broadway  
Fargo, ND 58122  
Attn: Tara DeCock #1010