

First Steps Advance Care Planning (ACP) Facilitator Certification Course

Wednesday, September 8, 2021
8:00am-4:30pm
501 Place: 501 4th St N Fargo ND

First Steps ACP Facilitator Certification Course is designed to help those involved with ACP develop skills needed to facilitate ACP discussions; including nurses, social workers, educators, providers, clergy, therapists etc.

Purpose: To learn effective communication and conversation skills for ACP facilitation.

Learning Outcomes

1. Identify communication skills for facilitating ACP conversations
2. Create strategies to transfer individual goals, values, and preferences to a written plan
3. Demonstrate beginning competency in facilitating ACP conversations through role-play activities
4. Become certified as a First Steps ACP Facilitator

Pre-Course Requirements

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

*The online pre-course modules are intended to learn ACP concepts and prepare for the classroom experience.

*Contact hours are granted for the online pre-course modules and available through Respecting Choices®.

*Sanford Health awards 7.25 ANCC and 7.0 SW contact hours

Non-Refundable Registration Fee:

- **Early Bird registration:** \$125 for registrations received before **August 18, 2021.**
- After August 18, 2021 registration fee is \$150.00

*Includes the cost of online modules and lunch

*Payment must be received before online module access codes can be distributed

Registration Deadline: August 25, 2021

Instructors: Chelle Lyons Hanson, Chaplain, and Marsha Nygaard, RN, Sanford Health Fargo
Contact us at 701-234-3757 or marsha.nygaard@sanfordhealth.org for questions regarding course

First Steps Facilitator Certification Registration form:

Name: _____ Profession/Job Title: _____

Company: _____ Phone: _____

Address: _____ E-mail: _____

Required

Payment Method: ___ Check ___ Other (i.e. Interdepartmental transfer of funds) _____

*Make checks payable to Sanford Health (Include in memo: AU 1100 10137)

*Registration thru tara.decock@sanfordhealth.org or mail registration to:

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