

AAPACN Workshop Registration Form



Workshop Type DNS-CT QCP RAC-CT RAC-CTA
 Workshop Dates _____ Workshop Location or Time _____ Training Partner _____

CONTACT INFORMATION

First Name _____ MI _____ Last Name _____
 Home Phone _____ Work Phone _____ Ext. _____ Mobile _____
 Home Email _____ Work Email _____
 Primary Email (please check one) Home Work
Communications from AAPACN are primarily electronic. Please add @AAPACN.org to your safe-sender list.

WORK ADDRESS

Facility _____
 Corporation Name _____
 Address 1 _____
 Address 2 _____
 City, State, Zip _____
 Country _____

MAILING ADDRESS (if different than work address)

Address 1 _____
 Address 2 _____
 City, State, Zip _____
 Country _____
 Mail to Work Address Yes No

TELL US ABOUT YOURSELF

Gender Male Female Birthday ____/____/____
 Job Title _____ Credentials _____ Are You an RN LPN/LVN
 First Degree Earned _____ Second Degree Earned _____

Functional Role (please check one)

- | | | |
|-------------------------------|--|---|
| Administrator | LTC Service Provider/Vendor | Reimbursement Specialist/Corporate Consultant |
| ADNS/ADON | Nurse Assessment Coordinator/MDS Coordinator | Social Worker |
| Clinical Consultant | Nurse Consultant | Speech Therapist |
| Corporate Clinical Director | Occupational Therapist | Staff Nurse |
| Dietician | Physical Therapist | Staff Development Educator |
| DNS/DON | Quality Improvement | Other MDS/RAI Professional |
| Health Information Specialist | Professional | Other Nurse Executive |
| Infection Preventionist | Rehabilitation Nurse | Other |

How did you hear about AAPACN? _____
 If referred by someone, please include their name _____

Please check the desired amount owed below:

DNS-CT WORKSHOP (exams included)	MEMBERS	NON-MEMBERS
Workshop	\$868	\$1,093
Workshop + Membership	\$1,038	
QCP WORKSHOP (exams included)	MEMBERS	NON-MEMBERS
Workshop	\$660	\$885
Workshop + Membership	\$830	
RAC-CT WORKSHOP (exams included)	MEMBERS	NON-MEMBERS
Workshop	\$800	\$1,026
Workshop + Membership	\$970	
RAC-CTA WORKSHOP (exams included)	MEMBERS	NON-MEMBERS
Workshop	\$905	\$1,115
Workshop + Membership	\$1,075	

PAYMENT INFORMATION

AAPACN membership is not required to complete these certifications; however, members receive deep discounts on all AAPACN offerings including this program. To become an AAPACN member (\$170/year) and take advantage of the reduced rate, simply circle the price including membership.

Return completed registration form by one of the following methods:

Email: workshops@AAPACN.org Fax: 303.758.3588

Mail: AAPACN, 400 S. Colorado Blvd., Suite 500, Denver, CO 80246

CARD TYPE VISA MC AMEX CHECK ENCLOSED

NAME ON CARD _____

CARD NUMBER _____

EXP. DATE _____ CVV _____

Thank you! We look forward to having you as a member of AAPACN. | © 2026 AAPACN