



# CULTURE CHANGE Network of Georgia

## SCHOLARSHIP APPLICATION FORM

### FOR GEORGIA NURSING HOME STAFF AND STAKEHOLDERS TO ATTEND

2019 Culture Change Network of Georgia Summit

PERSON-CENTERED CARE ORGANIZATIONS

Thursday, October 3, 2019

9:30am – 4:30pm **(Registration and Continental Breakfast Begins at 8:30am)**

Atlanta Marriott Northeast

Atlanta, Georgia

6 CEU HOURS

**Join us to explore the important topic of PERSON-CENTERED CARE ORGANIZATIONS.**

This highly interactive summit will provide the How To for operationalizing leadership and quality improvement practices to get your whole team working well together. You will have a chance to practice skills and consider how to apply ideas directly to your own setting.

#### Learning objectives:

- 1) Participants will understand why staff stability, empowerment and meaningful engagement are critical for an organization to be person-centered.
- 2) Participants learn steps to recruit, hire and keep the best staff for their organizations.
- 3) Participants will learn strategies to improve staff recruitment including screening, interviews and orientation.
- 4) Participants will discuss how to operationalize practices that support quality improvement.

#### Featured Speakers:

- ❖ Cathie Brady and Barbara Frank - Co-authors of *Long-Term Care Leaders' Guide to High Performance: Doing Better Together* and *Meeting the Leadership Challenge in Long-Term Care: What You Do Matters*

**Building Resources for Delivering Person-Centered Care  
in Georgia Nursing Homes Scholarship Program  
2019 APPLICATION FORM**

**As a part of a grant from the Centers for Medicare and Medicaid Services and Georgia State Survey Agency, these scholarships are intended to increase opportunities for Georgia nursing home staff and related stakeholders to gain training in various aspects of person-centered care.**

**This scholarship will provide GA nursing home staff and related stakeholders, including: residents, informal care partners for a resident (family, friend, volunteer), GA Long Term Care Ombudsman, and State of GA Surveyors, an opportunity to increase their skills in providing person-centered care.**

- 1. DEADLINE** for submission of scholarship applications is **Friday, September 20, 2019**.
2. Type or print legibly. Illegible or incomplete applications will not be accepted.
3. Applications may be submitted via email, fax, or mail.
4. If you have any questions about the application, please email Crystal Williams at [cwilliams259@gsu.edu](mailto:cwilliams259@gsu.edu) or call at 404-413-5218.

**SCHOLARSHIP AWARDS:**

- Applications will be reviewed as they are received. You will be notified by phone or email on the status of your application.
- Applications will be considered on a first come-first served basis.
- The \$500.00 scholarship will cover the \$125.00 registration fee and approximately \$45 for conference books (registration and book fees will be paid directly to CCNG). If you receive a scholarship, you do not need to pay when registering to attend the Summit using the **scholarship code** provided in your award letter. The remaining \$330.00 will be paid **directly to the recipient** as a stipend/scholarship award to cover expenses related to attending the Summit.
- Scholarship recipients will be required to fill out a form for Georgia State University to process the payment.
- Scholarship funds (\$330.00) will be distributed to scholarship recipients and will be sent to the home address they provide by check. This process may take 4 to 6 weeks from submission of the form.

**SCHOLARSHIP REQUIREMENTS:**

- Recipients must register themselves using the **scholarship code** provided in their award letter.
- Recipients must arrive on time and stay for the full Summit.
- Recipients will be required to document what you learned at the Person-Centered Care Organizations Summit by completing a post-conference evaluation.
- Recipients will be required to document (on the post-conference evaluation) how you will share information and resources with peers and others in your nursing home.
- Recipients will be required to email/fax back a worksheet that documents how information was shared in their work or life 30-60 days after the event.

Please type or print your answers in the boxes below

Personal Information	
Last Name:	First Name:
Email:	Phone:

Job Title/Role (Mark the box that most closely matches your job title/role)	
<input type="checkbox"/>	Nursing Home Administrator or Assistant Administrator
<input type="checkbox"/>	Nursing Home Director of Nursing or Assistant Director of Nursing
<input type="checkbox"/>	Director of Admissions
<input type="checkbox"/>	MDS Coordinator
<input type="checkbox"/>	Registered Nurse – Staff Nurse or Nurse Manager
<input type="checkbox"/>	Licensed Practical Nurse – Staff Nurse or Manager
<input type="checkbox"/>	Certified Nursing Assistant
<input type="checkbox"/>	Director/Coordinator of Staff Development
<input type="checkbox"/>	Nursing Home Department Director/Manager (e.g. Housekeeping, Maintenance, Laundry)
<input type="checkbox"/>	Activity Professional or Life Enrichment Director
<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	Director of Human Resources
<input type="checkbox"/>	Nursing Home Staff working in Dietary, Housekeeping, Maintenance, etc.
<input type="checkbox"/>	Resident
<input type="checkbox"/>	Informal Care Partner for a nursing home resident (family, friend, volunteer)
<input type="checkbox"/>	Georgia Long Term Care Ombudsman
<input type="checkbox"/>	State of Georgia Surveyor
<input type="checkbox"/>	Other (please list): _____

Nursing Home Information (Mark N/A if you are a LTCO, surveyor or other non-affiliated nursing home stakeholder)		
Name of Nursing Home:		
Street Address:		
City:	State:	Zip:

**Personal Statement**

**Why do you want to attend the 2019 Person-Centered Care Organizations Summit?**

**What do you think will be the benefit(s) to you as a result of attending the Summit?**

**How will you share what you learn at the Summit, and with whom will you share it?**

**CERTIFICATION STATEMENT:**

By signing my name below, I confirm that all of the information provided is true and correct to the best of my knowledge.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email, fax, or mail your completed scholarship application to:**

**Email:** [cwilliams259@gsu.edu](mailto:cwilliams259@gsu.edu)

**Fax:** 404-413-5219

**Mail:**

The Gerontology Institute  
Georgia State University  
Attention: Crystal Williams  
PO Box 3984  
Atlanta, GA 30302-3984

### **Culture Change Network of Georgia Mission**

To change the way Georgians think and feel about aging and disability by creating the kind of care and support we want for our loved ones and ourselves.

### **Culture Change Network of Georgia Steering Committee**

Walter Coffey & Kim McRae: CCNG Co-Founders (WD International Consulting & Have a Good Life, respectively)

Ginny Helms: LeadingAge Georgia

Pam Clayton: GHCA

Linda Kluge: Alliant Quality

Jennifer Craft Morgan: Gerontology Institute, GSU

Becky Kurtz: Atlanta Regional Commission

Rose Marie Fagan: Founding/Former ED National Pioneer Network