



OANHSS

FEBRUARY 28 – MARCH 5, 2010
SUTTON PLACE HOTEL, TORONTO

application FORM

administrator certification program

Name of Participant _____ (to be printed on certificate of completion)

Title _____ Organization _____

Address _____

City _____ Postal Code _____

Phone _____ Fax _____ E-mail _____

Home Address _____ Home Phone _____

Home City _____ Home Postal Code _____

PLEASE CHECK THE FOLLOWING:

Accommodation	<input type="checkbox"/> Non-smoking	<input type="checkbox"/> Smoking
Special Dietary Requirements	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____
Other Special Requirements	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____

EDUCATION (see eligibility criteria on page 4 - Please note you may be asked to provide evidence of credentials.)

Degree/Diploma/Other*	Program Duration (yrs.)	Year Awarded	Institution

*If other specify (# of courses, course name and duration of course) _____

WORK EXPERIENCE (most recent or current position) (Please show progressive management experience when completing this section)

1. Position _____ Organization _____

Please indicate the number of beds in your facility (if applicable) _____ City _____

Dates of Employment: From (M/Y) _____ To: (M/Y) _____

Brief description of responsibilities _____

2. Position _____ Organization _____

City _____

Dates of Employment: From (M/Y) _____ To: (M/Y) _____

Brief description of responsibilities _____

3. Position _____ Organization _____

City _____

Dates of Employment: From (M/Y) _____ To: (M/Y) _____

Brief description of responsibilities _____

CURRENT POSITION

A How many staff do you directly supervise? Please explain. _____

B What is the dollar amount of the budget you are responsible for? _____

C Are you considered a senior staff position? Please explain. _____

D Do you chair any internal or external committees? Please explain. _____

E Whom does your position report to? **(Please include an organizational chart highlighting your position.)** _____

F Do you prepare reports to your Board of Directors/Committee of Management? Please explain. _____

G Are you responsible for the home in the absence of the Administrator? Please explain. _____

COURSE FEE (Please check one)

- OANHSS Member (includes accommodations) \$2,599
- OANHSS Member (accommodations not required) \$2,149
- Non-Member (includes accommodations) \$2,949
- Non-Member (accommodations not required) \$2,499

**Please note that OANHSS Personal Members do not qualify for the member rate.*

I will attend the walking tour and breakfast on Wednesday March 3. Yes No

I will pay by: Visa Cheque Bill me

Visa # _____

Expiry _____ Name on Card _____

PLEASE MAKE CHEQUE PAYABLE TO: OANHSS

FORWARD TO: Stuart Sweeney, Certification Registrar
Ontario Association of Non-Profit Homes and Services for Seniors
7050 Weston Road, Suite 700, Woodbridge, ON. L4L 8G7
Phone: 905-851-8821 ext.240 Fax: 905-851-0744
E-mail: ssweeney@oanhss.org

By completing this application, I certify that the accompanying statements are correct.

Signature _____ Date _____

> Registration information is collected to process registrations and payments for education events, correspond with registered delegates, notify participants about other OANHSS programs and services and to publish delegate lists for event participants. If you do not wish to have your registration information used for these purposes please contact Nina Zivkovic at nzivkovic@oanhss.org. To access our privacy policy go to www.oanhss.org.

FOR OANHSS USE ONLY

Date received _____
Application status _____
Date paid _____
Date notified _____
Date entered _____