






TEAM[®] Certified Trainer Program (Train-the-Trainer) Workplace Violence Prevention Training

May 7-8, 2019

**Arkansas Hospital Association
419 Natural Resources Drive
Little Rock, AR 72205**

-  Participation is limited to a minimum of 10 and a maximum of 15 individuals per class.
-  Enrollment is accepted on a first-come, first-served basis.
-  A minimum of 10 registrants is required, or the event will be canceled.



TEAM Certified Trainer Agenda

The TEAM® Certified Trainer Program is a two-day course designed to get your staff certified to train their employees in TEAM® Essentials and/or Advanced. When you have completed the course, you will have the ability to tailor the class to meet the needs of employees at your facility. Below, you will see the agenda along with a brief description of the two programs.

Day 1:

8:00-10:00 a.m. **How to teach TEAM® Essentials**

10:00-12:00 p.m. **How to teach TEAM® Advanced**

12:00-12:45 p.m. Lunch

12:45-3:00 p.m. **Certified Trainer Program/LMS Introduction**

3:00-4:00 p.m. **Preparation time for Day 2 Teach-backs**

(1 day participants complete teach-backs at this point)

Day 2: *

8:00 a.m.-4:00 p.m.: **Teach-backs/Wrap-up**

* Completion of the day one curriculum is prerequisite for day two.

TEAM® Essentials

Available in two-hour, instructor-led and 70 minute, e-Learning formats, this course teaches staff to recognize factors, hazards and situations that can escalate to aggression and violence. Participants complete the training knowing how to manage disruptive behavior and keep themselves and others safe.

TEAM® Advanced

This two-hour, instructor-led course teaches health care-specific strategies and skills designed to protect staff and patients from physical attack. Instructors use hands-on exercises and simulations to build the confidence needed to use the course's techniques in real life.

TEAM® Instructor

We cover the requirements to maintain the certification over the next two years, legal restrictions for using the program, adult learning theories, exercises on the type of learner/instructor you are, and how to manage a classroom.

REGISTRATION FEES:

Days 1 and 2 \$1,125 per person

Day 2 Only \$1,000 (must have completed Day 1 on March 13)

Note: A minimum of at least 10 registrants is required, or the event will be canceled.

INSTRUCTOR: Keith Hayden

Keith Hayden is a training and development specialist at HSS, where he has been responsible for training tens of thousands of medical and security professionals in TEAM® over the last three years. Prior to joining HSS, Hayden worked in law enforcement and civilian contracting for the military with Dyncorp International. His experience in law enforcement and health care security brings a vast knowledge of how to deal with the aggressive situations that hospital staff deal with on a daily basis.

GENERAL INFORMATION

Attire

Casual attire is suggested for this workshop. Temperatures in meeting rooms are somewhat difficult to control; therefore, we recommend you dress in layers to allow for these variances.

Registration

Fees include program materials, lunch and refreshments.

Attend Day 1 and 2 = \$1,125

Attend Day 2 only = \$1,000 (Must have completed Day 1 training on March 13)

Participation

Participation will be limited to a minimum of 10 and maximum of 15 individuals per class in order to receive the group price. Enrollment will be taken on a first-come, first-served basis.

*Payment must be received for your registration to be processed.
You will receive an email from AHA confirming your registration.*

LOCATION:

**Arkansas Hospital Association
419 Natural Resources Dr.
Little Rock, AR 72205**

QUESTIONS?

**Contact Tina Creel, (501) 224 7878, tcreel@arkhospitals.org
or Lyndsey Dumas, (501) 224 7878, ldumas@arkhospitals.org.**

Substitution, Cancellation and No-Show Policies

AHA Services has negotiated this training class at a deep discount for AHA members; therefore, we will not be able to accept cancellations, and no refund will be given.

Registrants who cancel the day of the program or fail to attend must pay the entire fee. Substitutions, however, are permitted.

All substitutions must be received in writing by the registrar.

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Registrant Information:

- \$1,125, Day 1 & 2
 \$1,000, Day 2 only (must have completed Day 1 training March 13, 2019)

Name _____

Title _____

Phone _____

Email _____

Hospital/Organization _____

Address _____

City/State/Zip _____

One registration form per person; this form may be copied.

Payment:

- Enclosed is my check, made payable to the **Arkansas Hospital Association.**

I authorize the AHA to charge my: MasterCard or Visa (*AmEx and Discover NOT accepted*)

Account Number _____ CVV _____

Cardholder's Name _____

Phone Number _____ Exp Date _____

Cardholder's Address _____

Cardholder's Signature _____

Mail, Email or Fax Form and Payment To:

Mail: AHA, 419 Natural Resources Dr., Little Rock, AR 72205

Fax: (501) 312-7515 or (501) 224-0519, **Email:** lcarder@arkhospitals.org