



Alabama Hospice and Palliative Care Organization
Presents

2024 Monthly Aide In-services

Save time and money by subscribing to the AHPCO 2024 Aide In-services. Every month a new topic is presented and ready for download. You can schedule your aide education at times that work for you and your staff.

Our Aide education program is designed to meet your needs for 12 continuing education modules per year

Teleconferences will be available for download on the second Monday of each month.

2024 AHPCO Aide In-services

January	Hospice Care: Meeting the Needs of Terminally Ill Patients
February	Caring for the End Stage Cardiac Patient
March	Safety in the Homecare Setting
April	The Art of Communication
May	Understanding the Care Plan- Your Roadmap for Care
June	Caring for the End Stage Dementia Patient
July	Documentation Do's and Don'ts
August	Caring for the Patient in Pain
September	Infection Control
October	Caring of the Difficult, Combative Patient
November	Caring for the Veteran at the End of Their Tour
December	Fostering Relationships – Building Rapport



AHPCO Members	Non-Members
\$300 for all 12 Aide in-services Individual in-services - \$50 each	\$400 for all 12 Aide in-services Individual in-services - \$75 each

A link will be provided to subscribers for a new in-service each month. You can schedule as needed for your aides
Please complete your registration form and return no later than 14 days prior to the in-service

See payment instructions below.
 COMPLETE ALL INFORMATION. PLEASE PRINT.

PLEASE SELECT: 2024 AHPCO member 2024 AHPCO non-member

I want to purchase all 12 Aide in-services

I want to purchase the in-services selected below:

Jan. Feb. March April May June July Aug. Sept. Oct. Nov. Dec.

Agency Name: _____

Mailing Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____

Email Address: _____

Second Contact: _____ Phone: _____

Email Address: _____

Method of Payment: Check payable to AHPCO Visa MC Am Express

Check: Mail check and registration to AHPCO * PO BOX 26131 * BIRMINGHAM, AL * 35260

Credit card: Email registration to admin@alhospice.org

Credit Card #: _____ Exp Date: _____ CVV: _____

CC Mailing Address: _____

Name on Card: _____

Authorized Signature: _____