

Lisa Aiello, LISW-S presents;
Long Term Care Forms: What is the Purpose of Specific Forms
and When are They Needed?

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When it comes to long term care in Ohio, there are so many different Forms that need to be completed and submitted for so many different purposes. Managing this health care maze can often be difficult. This is especially true when your payment depends on completing the precise form correctly at the right time.

A brand new course which addresses the many different forms (such as 3622, 3697, 7200, 2399, Additional Data Elements Form, LTCC form, etc.) is available.

The class will provide information about the specific forms, the reason the form is required, when the form is needed, and where the form can be located.

The information (The topics listed above) will be provided to participants with a short true/false post test and an evaluation. Once the completed post test and evaluation are received, the participant will receive a CEU certificate.

This course is approved for 3 Social Work CEU's by the Ohio Social Worker, Counselor and Marriage & Family Therapist Board. The provider number for [www.longtermcareohio.com, Ltd.](http://www.longtermcareohio.com) is # RSX070804.

**** New rules allow all 30 of the required continuing education credits for social workers to be done as home study****

If there are questions about this course, they can be emailed to ltcoho1@yahoo.com . Please feel free to share this information with other colleagues.

**Ohio Long Term Care Forms: What is the Purpose of Specific Forms
and When are They Needed?**

Also included will be a short True/False- Post Test and Evaluation Form. Once the Post Test and Evaluation are received, you will receive your Certificate for 3 CEU's/Contact Hours.

**To sign up for this course, please complete and mail this form to-
www.longtermcareohio.com,Ltd
PASRR/LOC Class
188 Brush Rd
Richmond Hts, OH 44143**

The cost is \$35.00

Please make check payable to www.longtermcareohio.com,Ltd.

Please Provide Name _____

Professional Licensure _____

Last 4 digits of SS# _____

email address _____

or address you would like information mailed on

CD _____

Please provide address where you want the certificate mailed

