BULLYING, PROFESSIONALISM & WORKPLACE BEHAVIOR

Target : Health First Associates

Objectives: Describe Professionalism in Health Care
List Behaviors that are Bullying
Compare and Contrast Acceptable and Unacceptable Work Place Behaviors
Discuss Methods for Addressing Inappropriate Behavior in the Work Place.

Credit: This program has been approved by Florida Boards for **1.0 contact hours** of continuing education for ***CNAs, Nurses, Occupational Therapists, Speech Pathologists & Respiratory Therapists,*** CE Broker #50-873.

Classes are offered on multiple dates and at all four Health First Hospitals at no cost

Fax Registration to: 321-254-5151.

Registration: **Bullying, Professionalism and Workplace Behavior**
Registration deadline: 2 days prior to program date

Please **select (check)** the date/location you wish to attend

HRMC Auditorium A: 8:00 AM – 9:00 AM

___January 31, 2012 ___ May 8, 2012 ___July 17, 2012 ___ October 12, 2012

CCH Conference Room B: 8:00 AM – 9:00 AM

___February 6, 2012 ___ April 12, 2012 ___October 11, 2012

PBH Auditorium: 8:00 AM – 9:00 AM

___April 3, 2012 ___ August 21, 2012

VH Conference Room 1: 9:00 AM – 10:00 AM

___March 7, 2012 ___ July 12, 2012

Name	*Title*
Mailing address	*License #*
City, state, zip	Phone H W
Employment facility/unit	User ID:
E-mail	

Cancellation/Fees: By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins. If this program is of no cost to me and I do not cancel 48 hours in advance, a $10 fee will automatically be deducted from my paycheck.

Signature (Required)_____

Confirmation: Available through self-service People Soft HRMS
(Home > Self Service > Learning and Development > Training Summary) .
Please allow 3 business days before confirming your registration.

For more information, contact Cheryl McKinney at (321) 434-1962 or
Lalane Hayworth at (321) 434-1969 or email her at lalane.hayworth@Health-First.org

***Compliance with Health First dress code is expected.**

OFFICE USE ONLY: NO SHOW FEE $10.00

Authorized by:_____ 54 CFL – Revenue 050 600002 6400
Date:_____ 55 CFL – Sponsorship 050 765830 6400