

# Advanced Diabetes Health Aide Course



## Diabetes Prevention and Care in the Villages of Alaska ANTHC Diabetes Program

Course Dates (includes teleconferences, book work with review questions, exams and

3 day face-to-face class)

November 5th- January 25th, 2018

Face to face class dates: December 10, 11, 12

ANMC campus, Anchorage, AK

## Course Description

- An interactive, hands-on course for CHA/Ps that focuses on diabetes prevention and treatment in a rural Alaska setting.
- This course consists of 4 self-study modules, 4 quizzes, 4 exams, 2 teleconferences and a 3-day face-to-face class in Anchorage on December 10-12.
- Content includes: blood glucose monitoring, nutrition and diabetes, physical activity and diabetes, diabetes prevention, gestational diabetes, community education, diabetes self-management education, foot care, oral medication and insulin and much, much more!
- This class is eligible for 45 CMEs and 2 EMT Health Aide credits

## Course Participants

The course is limited to 15 participants. There is a wait-list for cancellations.

Course applicants need to meet the following requirements:

- 1) Currently be working as a CHA/P.
- 2) Able to participate in the entire 3-day face-to-face December 10-12 (8:30 am until 5:00 pm).
- 3) Be committed to completing all course work.
- 4) Be able to participate in a total of 2 out of 4 teleconferences.

## Course Fee

All course instruction and supplies will be provided at NO charge.

## Deadline

Applicants interested in participating in this course, need to complete the course registration and return to **FILL THIS IS WITH A NAME AND EMAIL** by **October 26th, 2018**.

**Registration Form  
Advanced Diabetes Health Aide Course**

**Please print:**

**Name/Title:** \_\_\_\_\_

**YOUR address (Please do not put your regional health organization, unless you want your materials mailed there):**

\_\_\_\_\_  
\_\_\_\_\_

**Your Organization:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact phone number: (907)** \_\_\_\_\_

**Fax: (907)** \_\_\_\_\_

**\* Please note: The health agency sending the health aide is responsible for all travel arrangements and costs, including airfare, per diem and lodging.**

**Supervisor's signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please fax or email this form to Joan Hastie at the ANTHC Diabetes Program Office: fax: (907) 729-1129 or [jhastie@anthc.org](mailto:jhastie@anthc.org) by **October 26th, 2018.****

