



IN-SERVICE REQUEST FORM
FAX to 562-427-7208

NAME OF FACILITY OR ORGANIZATION		PHONE NUMBER	
CONTACT PERSON			
DAY OF THE WEEK PREFERRED		TIME OF DAY	
IN –SERVICE PROGRAM TITLE	DATE REQUESTED	IN –SERVICE PROGRAM TITLE	DATE REQUESTED
<i>What is the Hospice Program?</i>		<i>Infection Control</i>	
<i>Hospice in a Skilled Nursing Facility</i>		<i>Bedsore Prevention</i>	
<i>Hospice in a RCFE</i>		<i>Fluid Balance for Dialysis Patients</i>	
<i>Caring for Our Elders</i>		<i>Incontinence Care</i>	
<i>Imminent Death</i>		<i>Catheter Care</i>	
<i>Death and Dying</i>		<i>Dignity and Privacy</i>	
<i>Advance Directives and DNR Declarations</i>		<i>Foot Care for the Diabetic</i>	
<i>An Overview of Dementia and Alzheimer’s Disease</i>		<i>Managing Nutrition in Seniors</i>	
<i>Managing Psycho-Social Behavior in Dementia Patients</i>		<i>Managing Oral Care in Seniors</i>	
<i>HIV and AIDS Workshop</i>		<i>Confidentiality</i>	
<i>Parkinson’s Disease Overview</i>		<i>Universal Precautions & Blood Borne Pathogens</i>	
<i>Gastroesophageal Reflux Disease (G.E.R.D.)</i>		<i>Safety When Providing Care to Patients</i>	
<i>Insomnia Overview</i>		<i>Disaster Planning for Facilities & Organizations</i>	
<i>Shingles and PHN Overview</i>		<i>Disaster Planning for Residents/Community</i>	
<i>Tuberculosis Overview</i>		<i>Elder Abuse Reporting</i>	
<i>Your Heart Matters</i>		<i>Effective Communication</i>	
<i>Depression Overview</i>		<i>Managing Medications</i>	
<i>Osteoporosis Overview</i>		<i>Tracheostomy Care</i>	
<i>Seizure Disorder Overview</i>		<i>G-Tube Feeding</i>	
<i>Stroke Overview</i>		<i>Ergonomics</i>	
<i>The Aging Process</i>		<i>Slips, Trips, & Falls</i>	
<i>Pain Management</i>		<i>Managing Stress</i>	
<i>Patients’ Rights</i>		<i>Back Injury Prevention</i>	
<i>Oxygen Treatment</i>		<i>Workplace Violence Awareness</i>	
<i>Colostomy Care</i>			
REQUESTS FOR OTHER IN-SERVICES		<i>(PLEASE ALLOW THIRTY DAYS FOR COURSE DEVELOPMENT)</i>	