

# Quarterly OASIS Updates

**Webinar**

February 25<sup>th</sup> | 8:30am – 10:00am

## Continuing Education

Attendance for the entire program is required to earn Contact Hours. A copy of the completed Continuing Education Certificate must also be submitted. This program will provide **contact hours** to **RNs, LPNs,**

**There is no conflict of interest with the presenter in regards to this workshop.**

Ohio Council for Home Care and Hospice is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

## Overview

Get updated on the latest guidance on OASIS in this quarterly offering.

At the conclusion of this training, the participant will be able to:

- Apply the training and CMS guidance updates to correctly and accurately answer OASIS data items
- Maintain compliance with applicable federal regulations and guidance governing OASIS

## About the Presenter



Presenter: Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O, HCS-H, has more than 30 years in home care as a RN and Attorney practicing exclusively in home care. She is the Owner of Selman-Holman & Associates, LLC & CoDR-Coding Done Right. Additionally, Lisa sits on the Home Care Coding Specialist-Diagnosis (HCS-D) national advisory board for the Board of Medical Specialty Coding and Compliance (BMSCC) Board HCS-O for OASIS Competency.



[www.oahc.org](http://www.oahc.org)  
877.458.8348

# Quarterly OASIS Updates

**Webinar**

February 25<sup>th</sup> | 8:30am – 10:00am

## Registration Instructions

Use a separate registration form for each attendee registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**

**Registrations will not be accepted without payment in full.** Fees must be paid in full in order to participate.

**Cancellation Policy:** All cancellations must be made in writing. No refunds for cancellations or exchanges within four business days from the date of the program. If due to unforeseen circumstances OAHC must cancel this event, you will receive a full refund.

Individuals requiring special arrangements as stated in the Americans with Disabilities Act, should notify OAHC at least 48 hours prior to the program.

The presenters and planners have declared no conflict of interest for this program and will present fairly and without bias. No commercial support has been provided for this program.



[www.oahc.org](http://www.oahc.org)  
877.458.8348

## Registration Form

Please complete the following information and mail or fax it to OAHC with payment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## Make Your Selections:

**OAHC Member:** \$110

**NON-MEMBER:** \$168

## Payment Information

Visa  MasterCard  Check

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Fax completed form with payment to (877-458-8348 or Mail to OAHC, 1249 Commercial St. SE, Salem, OR 97302.**