**Native Patient Navigation Quarterly Trainings**

**June 14-16, 2017 Registration Deadline: May 14, 2017**

**17 hours (including 6 for Motivational Interviewing) (certificates upon completion)**

* This training is offered by: Native American Cancer Research Corporation (NACR), 1-800-537-8295 or cell: 720-987-8944
* All participants need to support their own travel and lodging expenses
* The Registration fee is $550 per participant. There are a limited travel scholarships for each training. Please request the partial scholarship when submitting the registration form (bottom of this page)
* Email registration forms to [LindaB@NatAmCancer.net](mailto:LindaB@NatAmCancer.net) or [LisaH@NatAmCancer.org](mailto:LisaH@NatAmCancer.org)
* Mail payments Native American Cancer Research Corporation (NACR), 3022 South Nova Road, Pine, CO 80470-7830 by May 14th

The focus of the June quarterly Native Patient Navigator training is on communication and outreach

* Wednesday, June 14, 8:00 a.m. to 5:00 pm; Day 1: Motivational interviewing, advocating on behalf of the patient and assisting the patient in identifying concerns and questions to share with the health care team 6 hours of credit
* Thursday, June 15, 8:00 a.m. to 5:00 pm; Day 2: Motivational Interviewing, handling conflict (patients, family members and other members of the healthcare team; outreach strategies, exhibits during events 7 hours of credit
* Friday, June 16, 8:00 a.m. to 1:00 pm; Day 3: literacy, effective message components, creating effective informational products (brochures, pamphlets) 4 hours of credit

Where: To be named

Denver, CO 80227

Patient navigation is a patient-centric healthcare service delivery model. It is a patient-centric concept that concentrates on the movement of patients along the continuum of medical care. This training focuses on motivational interviewing, team work and collaboration, confidentiality and privacy and professionalism. Each topic area will include participant interactivities or practical exercises.

Email [LisaH@NatAmCancer.org](mailto:LisaH@NatAmCancer.org) with any questions.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Partial Registration Scholarship Requested: Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_

Hotel Information will be sent later.