

# Royalty Health & Wellness Resources

## LayneCare Customer Training/Service Request

Please fill out our off site training request form if your agency/facility desires to conduct or sponsor a training outside of our scheduled itinerary. All training requests are subject to approval and scheduling availability. Special requests may have a minimum participant requirement or be subject to a convenience fee payable by requestor. Please allow up to 5 days for approval and confirmation. Class requests with less than 10 day notice are not guaranteed. A minimum number of participants may be required. Completed forms may be mailed to P.O. Box 66 Eden NC 27289 faxed to 336-623-2548 or emailed to [info@royaltyhwr.com](mailto:info@royaltyhwr.com)

Name of Agency/Facility Requesting Training:					
Address of Facility					
Address/Location where training is to be held:					
Site/ Room Capacity		Number of Participants		Date Requested	
				Time	
Laynecare Sponsored Training(s) Requested:	<input type="checkbox"/> Medication Administration (3 hours) <input type="checkbox"/> Bloodborne Pathogens (1 hour) <input type="checkbox"/> CPR (4 hours) <input type="checkbox"/> First Aid (3 hours) <i>*all times are approximate; Quality training is our trademark so please allow us to serve you properly.</i>				
Other Trainings *Not sponsored by Laynecare	<input type="checkbox"/> Diabetes Management (3-4 hours) <input type="checkbox"/> Infection Control for Adult Care Homes (3 hours) <input type="checkbox"/> Seizure Management (2 hours) <input type="checkbox"/> Other:				
Contact Hours or Certifications will be provided after successful completion of course and all fees have been settled.					
<b>Other Services Requested:</b>					
<input type="checkbox"/> Medication Review		# of residents _____			
<input type="checkbox"/> LHPS Review		# of residents _____			
<input type="checkbox"/> Other: _					
Agency/Program Contact Person or Sponsor	Name: _____ Address: _____ Telephone #: _____ Email: _____				
Signature					

Office Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Scheduled Instructor: _____	<input type="checkbox"/> Confirmed Laynecare Customer	Notes:
				Ap4/18