

How to Register for an Event

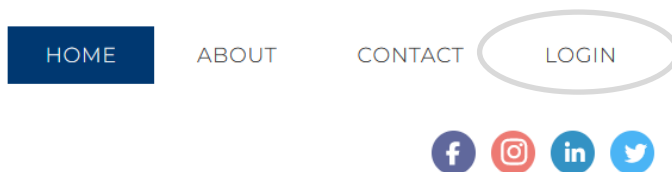
This training identifies how to register for an event on the IHCA member portal.

Your profile needs to be connected to an organization in order to register for an event.

- If you update your organization, please log out and log back in before registering for an event.
- If you are not associated with an organization, please call the IHCA Office (515) 978-2204 to process your registration. Credit card information will be needed.

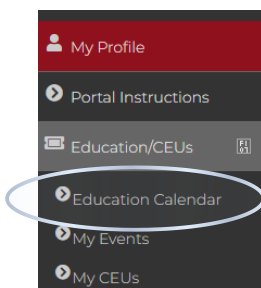
Step 1

Visit <https://members.iowahealthcare.org/> and login. This can be found on the IHCA website in the top-right corner of the screen (Please see below).



Step 2

View the side bar (pictured below). Then, click on “**Education/CEUs**” and select the “**Education Calendar**” button. This button will take you to a page that lists the upcoming events.



To learn more about an event or to register to attend, **click the name of the event.**

EDUCATION CALENDAR

Explore IHCA's 2025 in-person, virtual and hybrid education events!

Events open for registration are bolded, with links to sign up as registration becomes available – typically one to two months before the event date. **Please note: Event dates are subject to change or cancellation.**

Registration not yet open? [Click here to be notified.](#)

April

DATE	EVENT	SECTOR	AUDIENCE	CEUS	LOCATION
April 16	Leadership Foundations – The Trust Framework	NF/AL/ HH/CC	AP, N, SS, ES, DH, ADM, ALMC	6.0	Virtual
April 21-24	Assisted Living Management Certification Program	AL	N, ADM, ALMC	24.0	IHCA – BCG Education Center
April 23	Assisted Living Regulatory Class	AL	N, ADM, ALMC	7.0	IHCA – BCG Education Center

Event registration typically opens one to two months before the event date. **If the event you are interested in attending is not yet open for registration, [click here](#) to be notified** of when registration opens.

1
Customer

2
Custom
Information

3
Information

4
Related Items

5
Review

6
Submit

Purchasing for "Natalie Tryon (Communications Specialist)" [Shop for Another Customer](#)

Purchase for: *

Search for Record



Step 3

In the dropdown box, search and select the profile of who you are purchasing the course for. You may add registrants to the group registration by selecting "**Shop for another customer**" button. Individuals may search for records related to the organization and add them to your cart. Make sure to select the box indicating you have read the IHCA cancellation policy (pictured below). Once you are done adding records, select the green "**Next**" button.

Registration Questions

Please verify and complete the following questions to help us prepare this event for you.

Cancellations/Refunds: Refunds will only be granted to those who cancel their registration by 4:00 p.m. three business days prior to the event start date. Cancellations after this date and time, no-shows due to weather, acts of God or illness, will be charged the full registration fee. IHCA reserves the right to cancel any education program; in the event of such a cancellation, all fees will be refunded.

I confirm I have read and understand the
cancellation policy: *




This will bring you to the standard checkout screen that shows your subtotal. To continue checking out, select the green **“Checkout”** button.



Purchasing for “Natalie Tryon (Communications Specialist)”

You can click or tap on each item to go back and make changes.

ITEM	QUANTITY	ITEM PRICE
 Adverse Drug Events and High-Risk Drugs Event	1	\$ 35.00
EDUCATION CREDIT(S): Adverse Drug Events and High-Risk Drugs: 1.00		

Promo Code

Promo Code	Apply
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Subtotal \$35.00


Subtotal does not include applicable taxes or shipping costs, if any.

✕ Clear Cart

Checkout ✓


Step 4

Once you click “**Checkout**” you will be sent to the standard payment screen where you may enter billing address information and payment information.

 Billing Address

+ add new billing address





1204 Linden St Dallas Center, Iowa 50063-1052 United States

 Payment Options

☒ Credit Card

☐ ACH

☐ Bill Me



1

Name on Card: *

1

Card Number: *

1

CVV Number: *

1

Expiration Date: *


1

Billing Zip/Postal Code: *

?

01

2022

 Confirmation Email

1

Send a confirmation email to:

Previous

Submit Your Order ✓

If you have questions about the Member Portal, please email info@iowahealthcare.org.