



How to Address Bullying in the Workplace

Webinar T5021

Tuesday, February 27, 2018
12:30 p.m. – 2:00 p.m. (CDT)

Overview

Workplace bullying is described by many as a silent epidemic. So much so, 29 states and two territories have passed anti-bullying legislation. Workplace bullying affects your company's bottom line, as well as your employees' health and well-being. Who is more likely to be a bully? Who is more likely to be a target of workplace bullying? What role can your organization and its employees play in stopping or preventing workplace bullying? You may be surprised to learn that the answer is: "A lot!"

In this webinar, we will discuss all types of bullying in the workplace. Attendees will learn preventative strategies to avoid liability and to keep employees, and maybe even customers, safe and reduce your potential liability.

Target Audience

All Managers, HR professionals, Physicians, Nurses, Nurse Educators and anyone interested in reducing bullying in the workplace

Objectives

At the conclusion of this webinar, participants will be able to:

1. Define workplace bullying
2. Discuss the impact workplace bullying has on a company's bottom line
3. Explain the Workplace Environment Harassment Theory
4. Identify and implement preventative strategies to reduce workplace bullying

Faculty

Janette Levey Frisch, Esq., founder and principal of the Law Office of Janette Levey Frisch and The EmPLAWyerologist Firm, is an attorney with more than 20 years' legal experience. Janette works with employers on employment law issues to ensure that they are in the best position possible to avoid litigation, audits and employee relations problems. She has written articles on several employment law issues for various publications, including EEO Insight, Staffing Industry Review and @Law. Janette has also spoken and trained on topics, such as criminal background checks in the hiring process, joint employment, severance arrangements and pre-employment screening.

Certificates of Attendance

Certificates of Attendance will be issued to all registrants. These certificates should be placed on file at your hospital as evidence of attendance. Certificates of Attendance will not be awarded for recorded sessions.

Registration

\$175 for AHA Member Hospitals

Registration includes **one** internet connection and **one** telephone connection at **one** location, although there can be an unlimited number of participants from your organization in that **one** listening room.

Two days prior to the event, you will receive instructions and passwords for accessing the event, along with the slide presentation and other resource materials. It is the responsibility of the registrant to download and/or access presentation materials prior to the day of the event.

Participants should register at least five business days prior to the event to ensure optimal processing of conference materials. To register, please submit the attached registration form. If you have not received an e-mail with instructions ([via the e-mail provided on the registration form](#)) or if you are unable to download or open presentation materials, at least two business days prior to the event, please contact Anna Sroczynski at (501) 224-7878 or asroczynski@arkhospitals.org. **Without payment (via check or credit card), your registration cannot be processed, and you will not receive connection instructions.**

Cancellation Policy

Refunds, minus a \$25 processing fee, will be granted if requests are received in writing by the AHA at least 5 business days prior to the program. No refunds will be issued after that date. Fax cancellation/refund requests to the Education Department at (501) 224-0519.

REGISTRATION FORM

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Registration Fee

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Registration fee covers one or multiple participants at one location (**one connection per registration**) and includes one set of instructional materials/handouts. Upon receipt, additional handouts can be copied.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Method of Payment

Check in the amount of \$_____ payable to the Arkansas Hospital Association is enclosed.

Credit Card # _____ Visa MasterCard *(AmEx and Discover Not Accepted)*

Cardholder's Billing Address (including zip code) _____

Expiration Date _____ CVV _____ Name on Card _____

Signature _____ Card Holder's Phone # _____

Mail form and payment to

Education Department, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR 72205; phone: (501) 224-7878; or fax form with credit card information to (501) 224-0519.