

1199SEIU LEAGUE OF REGISTERED NURSES
OFFICE OF CONTINUING EDUCATION



*1199 SEIU League of Registered Nurses Office of Continuing Education
 is an accredited provider of Continuing Nursing Education by
 The American Nurses Credentialing Center's Commission on Accreditation.*

4 Day Hemodialysis Training Program
November 6th, 7th, 13th & 14th, 2017
 26.0 Contact Hours
 1199SEIU Headquarters located at 310 W. 43rd St. between 8th & 9th Aves., NY, NY 10036
 CHECK-IN: 8:15-8:50 AM / CLASS: 9:00 AM – 4:30 PM

1199/SEIU League of Registered Nurses Office of Continuing Education fosters the professional growth and development of its RN members and the nursing community at large. We are committed to providing quality need-specific continuing education programs that are reflective of current issues and trends in healthcare and nursing.

PURPOSE: This 4-day Educational Activity provides a comprehensive didactic curriculum and is being presented by 1199 Office of Continuing Education primarily for nurses who currently work in a Hemodialysis Unit and/or Renal Unit. It is an excellent program for nurses preparing to sit for the National Certification Exam for Nephrology Nursing. Should we have space available after we have accommodated those nurses working in Hemodialysis, we will consider nurses who are working in other units and considering transferring into Hemodialysis. This educational activity is designed for experienced hemodialysis RNs' who are preparing to sit for the National Certification Examination in Nephrology Nursing or wish to acquire the didactic classroom requirement in preparation to work in a Hemodialysis Unit.

DISCLOSURE: The faculty, planner, and/or any staff of 1199 SEIU Office of Continuing Education have no financial relationship with any commercial agency or interest. The program faculty and planner do not endorse any product or products. In addition, there are no conflicts of interest on the part of the faculty as well as the planner of this educational activity, including and extending to family members to any commercial entity. Finally, no off-label uses of any kind are involved in this educational offering.

YOUR INSTRUCTOR: Marjory David, RNC, CNN, MSN, CNS, FNP

Ms. David is an expert in Hemodialysis having many years of "hands on" experience as a Nephrology Nurse, and in her current job for 20 years as Assistant Head Nurse of an In-patient Acute Hemodialysis Unit. She was an instructor for four years at Nassau BOCES where she taught their Hemodialysis Technician Certification Program. She also practices as a Family Nurse Practitioner in a Pre-Surgical Admission, Emergency Room settings and Outpatient Dialysis clinic. Ms David consults Outpatient Dialysis Units in preparation for their Department of Health Surveys and reviews Policies and Procedures manual to comply with the New Conditions for Coverage. She is an AHA, BLS and PALS instructor and is Board Certified Medical/Surgical Nurse as well as Board Certified Nephrology Nurse. She also prepares dialysis staffs to sit for their certification exam with 99% passing rate. Ms. David has a BSN and MSN from Downstate University, a Post Graduate Certification in Family Nurse Practitioner from Pace University and a Post Master Certificate in Nursing Education from Lehman College.

<p style="text-align: center;">Day 1</p> <ul style="list-style-type: none"> • Renal Anatomy and Physiology • Pathology of Renal Failure • Manifestations of Renal Failure • Different Types of Dialysis <p style="text-align: center;">Day 2</p> <ul style="list-style-type: none"> • Vascular Access for Hemodialysis • Medical Problems and Dialysis • Complications of Chronic Dialysis Therapy • Patient Assessment and Hemodialysis 	<p style="text-align: center;">Day 3</p> <ul style="list-style-type: none"> • Dialyzers, Dialysate and Delivery Systems • Water Treatment Dialyzer Preparation & Reprocessing • Nutrition Management • Transplantation • Peritoneal Dialysis • Infection Control <p style="text-align: center;">Day 4</p> <ul style="list-style-type: none"> • Pharmacology and Hemodialysis • Hemodialysis across the Lifespan • Ethical, Legal, Political and Psychosocial Aspects of Dialysis Therapy • Continuous Quality Improvement in Dialysis • Post Test and Program Evaluation
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PLEASE READ CAREFULLY FOR INFORMATION REGARDING FEES

CATEGORY A: All 1199 nurses whose employers contribute to the 1199 RNTJSE. For Category A, this course is available at no cost. However, we do require a security deposit of \$20.00 per day (\$80) in order to register. If you attend all four days of this class your deposit will be returned to you on the last day of class. If you fail to complete the course or fail to attend without appropriate cancellation (Cancellation must be in writing ten days prior to the date of the class), you will forfeit your deposit. Should your check bounce or be returned for insufficient funds, you will come under the penalty of a NO SHOW (i.e. disqualified to attend any free courses with us for one year). You will also be responsible for any “bounced” check fees. There will be no walk-in registrants on the day of the seminar. Please complete the registration form below and mail with your security deposit. You cannot register by phone for this class. Please use the registration form on back of this page and mail with your security deposit to 1199 League of Registered Nurses, P. O. Box 774, New York, NY 10108.

CATEGORY B: For 1199 RN's who do not qualify for this course at no cost. registration should be made by completing the registration form below and mailing with full non-refundable payment of \$440. For non-1199 members registration may be made with a full non-refundable fee of \$600. **CATEGORY C:** All Licensed Practical Nurses may register with a full non-refundable payment of \$440. The fee must be paid up front. For 1199 LPNS, application can then be made to the 1199 Training and Upgrading Fund for reimbursement. LPNs must register by completing the attached form and submitting payment. The form must be accompanied by a check or money order. We will not accept personal checks 14 days prior to the start of class.

NO REFUNDS will be given after the 14-day period prior to the start of class or for a “NO –SHOW” on any day of the seminar. The registrant will be responsible for returned checks and will be charged the additional bank fees and handling fees incurred by the finance department, as well as the amount of the check. A WRITTEN REQUEST for cancellations or for refunds is required 14 days in advance of the scheduled seminar. ALL REGISTRATIONS ARE BY MAIL, (PayPal if applicable) OR IN PERSON. PLEASE DO NOT CALL THE OFFICE TO REGISTER VIA PHONE.

CONFIRMATIONS: We will provide an email confirmation of your pre-registrations but we assume no responsibility for you not showing up in a timely manner. It is the registrants’ responsibility to confirm attendance, date, time and location if you have not received a confirmation within 2week of mailing in your registration. **If you have any questions, please call Tamyre Cunningham at 212-857-4315.**

ATTENDANCE: Participants must attend at least 90% of the entire class session and sign in on the attendance sheet each day that you are present for the class in order to earn the contact hours. Please plan your schedules accordingly! **WE DO NOT ISSUE CONTACT HOURS FOR PARTIAL ATTENDANCE.**

MEALS: We provide a continental breakfast and a full lunch for all participants at no cost. Unfortunately, we are not able to meet everyone’s special dietary needs. If you think our menu may not be in keeping with your dietary/health needs, fell free to bring your own food or purchase from one of the many restaurants in the neighborhood. if you have any physical challenges that require special arrangements, please advise us at least two weeks in advance.

LOCATION & DIRECTIONS: Take the A, E, or C train to Port Authority. Walk approximately one block north to West 43rd Street, between 8th and 9th Avenues.

4 Day Hemodialysis Training Program

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CHECK-IN: 8:15-8:50 AM / CLASS: 9:00 AM – 4:30 PM

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

EMPLOYER:

UNIT:

Length of time with employer:

EMAIL:

DAYTIME NUMBER:

AMOUNT ENCLOSED _____

Please make Check or Money Order payable to: The 1199 league of Registered Nurses

**Please registration forms to: The 1199 League of Registered Nurses
P.O. Box 774
New York, NY 10108**