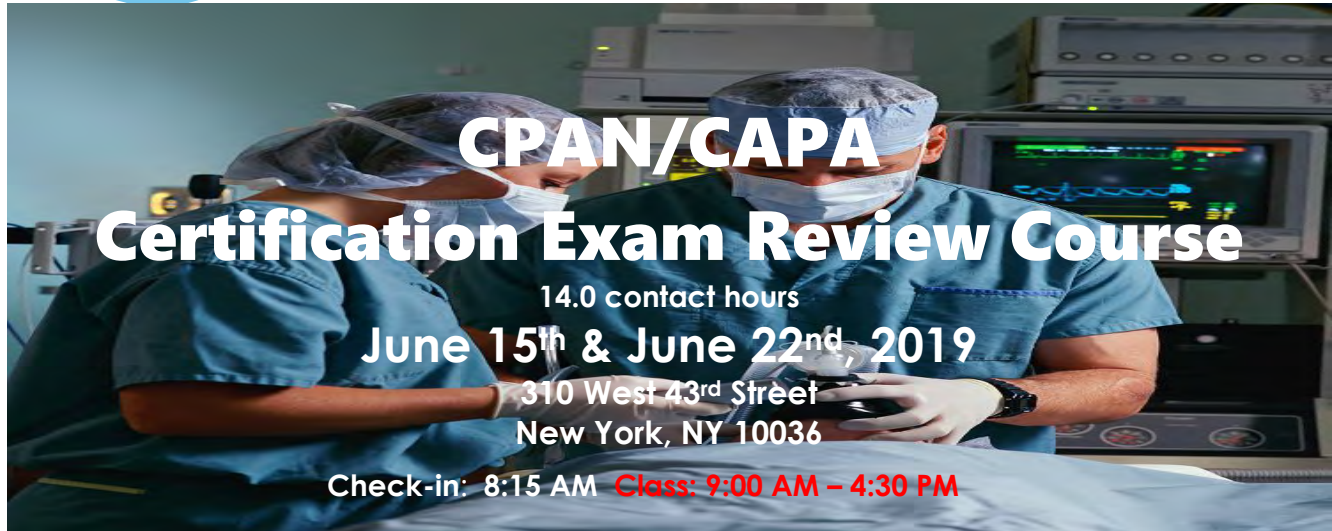


1199SEIU League of Registered Nurses Office of Continuing Education



The 1199SEIU, League of Registered Nurses, Office of Continuing Education is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation



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.

Target Audience: This program is designed to prepare Professional Registered Nurses take the Certified Post Anesthesia Nurse (**CPAN®**) and/or the Certified Ambulatory Perianesthesia Nurse (**CAPA®**) certification exam by the American Board of Perianesthesia Nursing Certification, Inc. (ABPANC). Professional Registered Nurses who have at least 1,800 hours of direct clinical experience in Postanesthesia Phase I (CPAN), and/or caring for patients in Preanesthesia Phase, Day of Surgery/Procedure, Postanesthesia Phase II and/or Extended Care (CAPA) may take this course.

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.

Program Highlights & Tasks required to meet patient needs and related nursing knowledge

- ✚ Overview of Perianesthesia Exams
- ✚ System Competencies
- ✚ Special Populations
- ✚ Clinical Judgement
- ✚ Physiological Needs
- ✚ Behavioral Health and Cognitive Needs
- ✚ Safety Needs
- ✚ ASPAN Standards
- ✚ Perioperative Evaluation
- ✚ Anesthetic agents and Techniques

REGISTRATIONS FOR ELIGIBLE MEMBERS:

This is a 2-day educational benefit at no cost for all 1199 nurses whose employer contributes to the 1199 RN Training and Upgrading Fund. Please fill out the attached registration form completely and legibly and **fax it to 212.603.1140**

REGISTRATION FOR NON- ELGIBLE 1199 REGISTRANTS:

1199 members from Non-participating institutions at a cost of \$220 in advance and \$240 at the door & **Non-1199** registrants may take this class at \$260 in advance and \$280 at the door.

Please be sure to make Checks or Money Orders should be made payable to: **THE 1199 LEAGUE OF REGISTERED NURSES**
Non-eligible 1199 registrants may also register online @ 1199SEIU.org and use the PayPal app.

REFUND POLICY:

NO REFUNDS will be given 10-DAYS PRIOR TO CLASS OR FOR A NO-SHOW ON THE DAY OF CLASS. 10-14 days are required to process a refund. Request for cancellations or refunds is required 10 business days in advance of the scheduled seminar date.

Note to paying participants: CHECKS RECEIVED AFTER THE 14-DAY CUT-OFF PERIOD MAY BE RETURNED AND THE AT-THE-DOOR POLICY (\$10 extra) WILL APPLY. We do not accept registrations over the phone.

CONFIRMATIONS: We will provide a written confirmation of your pre-registration via mail, however 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.

NOTE: If you have not received a written confirmation within 2 weeks of sending in registration please call **Ms. Cunningham at 212-857-4315.**

ATTENDANCE: Participants must attend at least 90% of the entire class session in order to earn the contact hours. Plan your schedules accordingly as WE DO NOT ISSUE CONTACT HOURS FOR PARTIAL ATTENDANCE.

MEALS: We provide a continental breakfast and a lunch for all participants at no cost.

LOCATIONS & DIRECTIONS: Take the A, E, or C train to 42nd Street/Port Authority. We are located on 43rd Street between 8th and 9th Avenues.

CPAN/CAPA Certification Exam Review Course June 15th & 22nd, 2019 Check-in: 8:15 AM/ Class: 9:00 AM-4:30PM			AMOUNT ENCLOSED (where applicable) \$ _____
Name:		Daytime number:	
		Evening number:	
Street Address:			
City:		State:	Zip:
Email Address:			
Employer:		Unit/Scope of Practice: (EXAMPLE: Med-Surg, ER, Neurology)	
Length of time w/ employer:			

Where applicable, clip and mail to: **1199SEIU League of Registered Nurse's, P. O. Box 774, NY, NY 10108**