1199SEIU United Healthcare Workers East 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.

13.0 CONTACT HOURS

CARN Examination Review



1199SEIU 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 Educational Activity is to inform RNs on the topics and content of the International Nurses Society on Addictions' and the Addictions Nurses Certification Boards Certified Addictions Registered Nurse (CARN/Generalist) Examination.

TARGET AUDIENCE: This course is designed for all experienced psychiatric and mental health nurses who will be seating for ANCC Certification Examination for the first time, as well as those currently certified seeking renewal.

DISCLOSURES: 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: Marjorie G. Wesley, MS, RN-BC, CARN is an experienced psych/mental health nurse for 30 years. Her experience includes psychiatric mental health clinical nurse, manager, and educator. Marjorie has served as a content expert panelist for ANCC's Psychiatric Mental Health Nurse Certification Examination for five years. She is also currently an adjunct clinical faculty for New York University and Long Island University.

Highlights of the Program

- Preview topics & content within the CARN generalist specialty via mock exam format
- Test recommendations
- Define the DSM-IV TR's terms related to substance abuse
- Identify definitions & characteristics related to substance abuse & addiction behaviors from the DSM-IV-TR
- Describe the phenomena of concern of addiction nursing as defined by ANA & IntNSA
- Discuss the application of the Nursing process in addiction nursing
- Describe the neurobiology of addictions
- Caring for clients w/alcohol-related problems, psychoactive substance problems(drugs) & process addictions (impulse control disorders)
- Describe treatment modalities, relapse prevention & primary prevention

REGISTRATION INFORMATION:

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. However, you are required to submit a check in the amount of \$40.00 as a security deposit for your attendance. If you attend both days of the seminar your check will be returned to you on the last day of classes. If you miss any part of the two days or do not cancel your registration within 14 days prior to the first day of class your check will be deposited. Should your check bounce or be returned for insufficient funds, you will be required to reimburse the full amount plus any bank fees. You may pay for this class by cash or money order and PayPal online for non-eligible registrants only for this class.

REGISTRATION FOR NON-ELGIBLE REGISTRANTS: Based on space availability, this course is open to <u>1199 members</u> from non-participating institutions at a cost of \$220 in advance and \$260 at the door.

> Non-1199 registrants may take this class at \$260 in advance and \$300 at the door.

We will not accept a personal check 14 days prior to the start of class, you will have to pay by cash or money order provided that there is space available.

NO REFUNDS WILL BE GIVEN AFTER THE <u>14-DAY PERIOD PRIOR TO THE ACTUAL</u> DATE OF THE SEMINAR OR FOR A NO-SHOW ON THE DAY OF THE SEMINAR. A PHONE CALL FOR CANCELLATIONS OR FOR REFUNDS is required 14 days in advanced of the scheduled seminar.

ATTENDANCE: Participants must attend 90% of class session in order to earn the contact hours. Plan your schedules accordingly as **WE DO NOT ISSUE CONTACT HOURS FOR PARTIAL ATTENDANCE**. <u>SEATING: Seating is limited</u> to the first 40 registrants. So, it's important that you register in advance. <u>WALK-IN</u> participants will be accepted at the <u>door based on space availability and on a first come first serve basis</u>. If we have reached our limit on the day of the class, no walk-in participants will be accepted.

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 haven't received a confirmation within 1-2 weeks or need information, please call **Tamyre Cunningham at 212-857-4315.**

LOCATIONS & 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. **Our address is 310 West 43rd Street**.

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 area. If you have any physical challenges that require special arrangements, please advise at least two weeks in advance. Our building is wheel chair accessible.

COMPLETE, CLIP & MAIL WITH YOUR PAYMENT Mail to: 1199 League of Registered Nurses, P.O. Box 774, New York, N.Y. 10108

CARN Examination Review Wednesday & Thursday March 8th & 9th, 2017 Check-in: 8:15-9:00AM Class: 9:00AM-4:30PM			AMOUNT ENCLOSED
Name:	D	aytime Number:	
Address:			
City:	STATE:	ZIP:	
EMPLOYER:	UNIT / SCOPE OF	UNIT / SCOPE OF	
ength of time with employer: PRACTICE (<u>EXAMPLE; MedS</u>		LE; MedSurg, ER, Neurology):	