

1199SEIU United Healthcare Workers East 1199SEIU League of Registered Nurses Office of Continuing Education



3 Day Certification for Emergency Nursing Review for Certification

(18.0 CH)

1199 SEIU Headquarters

330 W. 42nd Street New York, New York 10036

February 17th, 24th & March 3rd, 2018

Check-in: 8:15 AM -Class: 9:00 AM-4:30PM

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

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As part of our ongoing commitment to provide quality need based continuing education in nursing for ER nurses who are members of 1199 SEIU League of Registered Nurses and the ER Nursing community at large, the Office of Continuing Education is proud to present this 3-day CEN Review Course.

<u>PURPOSE</u>: This comprehensive review course is focused on the areas of concentration of the CEN Exam by the Emergency Nurses Association and follows a nursing process approach of assessment, planning, intervention and evaluation. It is designed to assist the experienced emergency room nurse to prepare and increase the chance of passing the CEN exam.

<u>TARGET AUDIENCE</u>: Experienced ER Registered Nurses currently working in the emergency room and wish to sit for the CE Certification.

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.

INSTRUCTOR: Jocelyn C. Sese, RN, MSN, CEN

Program Objectives: At the end of the program, participants will be able to:

- Identify the components of the Board Certification of Emergency Nursing Examination process.
- Discuss the disease process and plan of care using a nursing process approach for each of the selected common pathological emergencies:
 - » Respiratory Emergencies
 - » Trauma Emergencies
 - » Genitourinary Emergencies
 - » Medical Emergencies
 - » Toxicological Emergencies
 - » Maxillofacial Emergencies
- » Cardiovascular Emergencies
- » Orthopedic Emergencies
- » Obstetric Emergencies
- » Environmental Emergencies
- » Neurological Emergencies



This course may be FREE for you so please read carefully!

REGISTRATIONS FOR ELIGIBLE MEMBERS: This is a 3-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 \$60.00 as a security deposit for your attendance. If you attend all 3 days of the seminar your check will be returned to you on the last day of classes. If you miss any part of the three 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 -- cash or money order only.

REGISTRATION FOR NON-ELGIBLE REGISTRANTS: Based on space availability, this course is open to 1199 members from non-participating institutions at a cost of \$330 in advance and \$360 at the door. Non-1199 registrants may take this class at \$360 in advance and \$390 at the door. Checks are payable to the 1199 LEAGUE OF REGISTERED NURSES.

REFUND POLICY: NO REFUNDS will be given after the 14-DAY PERIOD PRIOR TO THE ACTUAL DATE OF THE SEMINAR OR FOR A NOSHOW ON THE DAY OF THE SEMINAR. 2 to 4 weeks are required to process a refund. *CHECKS RECEIVED AFTER THE 14-DAY CUT-OFF
PERIOD MAY BE RETURNED AND THE AT-THE-DOOR POLICY WILL APPLY. To help with our accounting, we ask that you submit a
separate registration form and separate check/money order for each course you register for. Registration is by First Class Mail only for
this seminar. We do not accept telephone registrations and we do not accept credit cards. A \$25 cancellation fee will be deducted from
ALL refunds.

REASONS TO REGISTER EARLY!

- 1. <u>Our planning (i.e. seating accommodations, class handouts, and food) is based on the total number pre-registered.</u>
- 2. Seating is limited. <u>WALK-IN participants will be accepted at the door based on space availability and on a first come first serve basis.</u> Please call first to make sure that we will be accepting registrants at the door.
- 3. Payments by check must be made at least 14 days in advance of the class.
- 4. There is an added fee at the door if you show up as a Walk-In.
- 5. The Office of Continuing Education reserves the right to cancel this class due to inclement weather conditions, emergency situations where the instructor becomes unavailable, or if pre-registrations are not sufficient to hold the class.

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 it's necessary. For registration information, please call **Tamyre Cunningham at 212-857-4315.**

<u>ATTENDANCE</u>: 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**.

<u>MEALS:</u> We provide a continental breakfast and a full lunch for all participants at no cost. If you think our menu may not be in keeping with your dietary/health needs, feel free to bring your own food or purchase from one of the many restaurants in the area

LOCATION & DIRECTIONS: Take the A, E, or C train to 42^{nd} Street Port Authority., between 8^{th} and 9^{th} Avenues.

CLIP & MAIL WITH YOUR PAYMENT TO: 1199SEIU League of Registered Nurse's, P. O. Box 774, N Y, NY 10108

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Name: De		Daytime number:	
		Evening number:	
Street Address:			
City:	State:	Zip:	
Email Address:		,	
Employer:	Unit/Scope of Practice:		
Length of time w/ employer:	(<u>EXAMPLE:</u> Med-Surg, ER, Neurology)		