

1199SEIU United Healthcare Workers East  
**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.*

**Purpose:**

The 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.

**Your Instructors**



**Pearl Tomale, RN, CPAN,** has progressive leadership roles in Perianesthesia adult nursing for more than 25 years. An advocate of professional growth and networking, Pearl is a member of ASPAN.

**Maribeth Inocencio, NP, CPAN,** has more than 30 years practice in Perianesthesia Care Units. She is credentialed as an Adult Nurse Practitioner, and with passion in teaching nurses related to Perianesthesia care.

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

- Physiological Needs
- Behavioral Health and Cognitive Needs
- Safety Needs

**ATTENDANCE:** Participants must attend at least 90% of the entire class session in order to earn the contact hours. Please plan your schedules accordingly as **CONTACT HOURS WILL NOT BE ISSUED FOR PARTIAL ATTENDANCE.**



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

**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 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 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 -- cash or money order only.

**REGISTRATION FOR NON-ELIGIBLE REGISTRANTS:** Based on space availability, this course is open to 1199 members 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 \$290 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 NO-SHOW 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.

- ❖ Our planning (i.e. seating accommodations, class handouts, and food) is based on the total number of pre-registrant's.
- ❖ Seating is limited. WALK-IN's will be accepted at the door based on a first come first serve basis. Please call first to make sure that we will be accepting registrants at the door.
- ❖ Payments by check must be made at least 14 days in advance of the class.
- ❖ There is an added fee at the door if you show up as a Walk-In.
- ❖ 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 in number to hold a 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**.

**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 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<sup>nd</sup> Street Port Authority., we are on 43<sup>rd</sup> St. between 8<sup>th</sup> and 9<sup>th</sup> Avenues.

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

<b>CPAN/CAPA Review Course</b> <b>September 8<sup>th</sup> &amp; 15<sup>th</sup>, 2018</b> Check-in: 8:15 AM/ Class: 9:00 AM-4:30PM			<b>AMOUNT ENCLOSED</b>  \$ _____
Name:		Daytime number:	
		Evening number:	
Street Address:			
City:	State:	Zip:	
Email Address:			
Employer:		Unit/Scope of Practice:	
Length of time w/ employer:		(EXAMPLE) Med-Surg, ER, Neurology)	

**\*\*\*ONLY Non-1199 Members & 1199 Members whose institutions DO NOT CONTRIBUTE TO RNTJSF may pay online using PayPal.**

