

American Society of PeriAnesthesia Nurses

Summer/Fall 2010 Seminar Series



Perianesthesia Certification Review

Presented by:

Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE

Date: Saturday, August 28, 2010

Time: 7:30 AM Registration
AM Coffee/tea service – Lunch is on your own

Program Time: 8:00 AM – 4:55 PM

Location: Holiday Inn Hurstbourne
1325 Hurstbourne Parkway
Louisville, KY 40222
(502) 992-2600 or (800) 992-4023 for reservations
www.hihurstbourne.com

Topics Include:

- ▶ Mechanics of the Exams ▶ Review of Anesthesia ▶ Examining the ASPAN Standards
- ▶ Special Populations: Pediatric, Geriatric and Pregnant Patients
- ▶ Critical Thinking in Clinical Practice and Certification Testing
- ▶ Test Taking Prep: Setting Yourself Up for Success

Target Audience:

Perianesthesia nurses who are assessing their readiness for certification examinations, or preparing for certification examinations, or those who want an overall review of their practice.

Purpose/Goal:

To provide the ambulatory and perianesthesia nurse with content to stimulate critical thinking to prepare for either the CAPA or CPAN certification examinations.

Overall Program Objectives:

1. Review key topics essential for preparation for both perianesthesia certification exams
2. Discuss critical thinking and exam taking techniques

7.25 Contact Hours

The Registration Form is on the back of this page, please photocopy and pass along to other interested colleagues.

American Society of PeriAnesthesia Nurses (ASPAN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



Accreditation does not imply that ASPAN or ANCC approves or endorses any product included in the activity. Provider numbers: Alabama #ABNP0074, California #CEP5197, Florida #50-114.

ASPAN the Leader in Perianesthesia Education



Remember: A printed syllabus will not be provided. A link to the handout will be sent to you with your e-mailed confirmation of registration. It is your decision to print all or part of the handout and bring it with you, or download the material to your laptop.

Fee Schedule

- ASPAN Member: Early Bird Fee (4 weeks prior to seminar)..... \$115.00
- ASPAN Member Regular Fee.....\$152.00
- ASPAN Member with certification (CAPA/CPAN) may deduct \$10.00 from registration fee. Provide Certification Number: _____
- ASPAN Non-Member: Early bird Fee (4 weeks prior to seminar).....\$173.00
- ASPAN Non-Member: Regular Fee.....\$210.00
- Student (unlicensed only).....\$ 36.00
- Group discounts (excluding students): four or more registrations **received at the same time (mail or fax only)**, each receives a \$10.00 discount. All forms and checks must be received at the same time **no exceptions**.

Cancellation Policy

- Full refund upon receipt of written notice of cancellation, postmarked 30 days or more preceding seminar date; 20% administrative fee for any cancellation postmarked 29 or less days preceding seminar date to 48 hours prior at which time there is no refund. Refund will be determined by the date notice is received in the ASPAN National office in Cherry Hill, NJ.
- ASPAN reserves the right to substitute speakers if necessary.
- ASPAN reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen circumstances. All fees will be fully refunded.
- ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities.

Register Early – space is limited!

Disclosure Statement: All faculty at nursing continuing education activities are required to disclose to the audience (1) Any significant financial relationship with the manufacturer(s) of any commercial products, goods or services and (2) Any unlabeled/unapproved uses of drugs or devices discussed at their presentations. Such disclosures will be made in writing in the course presentation materials.

Registration Form: Perianesthesia Certification Review, Saturday, August 28, 2010, Louisville, KY (PCR126)

Please print or type. Use a separate form for each registrant. Duplicate as needed.

Name: _____ ASPAN Member # _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Fax: _____

E-mail (mandatory): _____ *** (Handout is delivered via e-mail) ***

Method of Payment:

Check (Payable to ASPAN, drawn on U.S. Bank in U.S. funds)

VISA

Master Card

American Express

Card Number: _____ Expiration Date: _____

Signature: _____

Federal ID# 1024058

FOR MORE INFORMATION OR TO RETURN THIS FORM

Registration Manager ASPAN
90 Frontage Road
Cherry Hill, NJ 08034-1424
Register on-line at www.aspan.org

Phone: (877) 737-9696, Ext. 19 Fax: (856) 616-9601