

Basic Rhythm **Interpretation**

Wednesday, October 25, 2017
8:30 a.m. - 4 p.m.

Location:

Department of Social Services
1225 Ramsey St.
Meeting Room D
Fayetteville, NC 28301

Target Audience

LPN's, RN's, RN Refreshers, and EMT's

Program Description

This event will enhance the learner's knowledge on EKG interpretation in order to promote positive patient outcomes. This course will provide participants with basic knowledge of the cardiac conduction system, arrhythmia recognition, emergency drugs, actions for treatment of dysrhythmias and case studies

Outcome

Participants will have a basic knowledge of the cardiac conduction system, be able to interpret basic rhythms and understand appropriate emergency drugs for the various rhythms.

Speaker

John Howe, BSN, RN, Clinical Nurse Educator, Duke University Medical Center

Agenda

8 a.m.	Sign In / Registration
8:30 a.m.	Content
10:15 a.m.	Break
10:30 a.m.	Content
11:30 a.m.	Lunch (provided)
12 p.m.	Content
1:45 p.m.	Break
2 p.m.	Content
4 p.m.	Adjourn

Fee

\$90 when registration and payment are made by October 18; \$100 thereafter. \$81 for groups of 3 or more registering at the same time with one form of payment.

SR-AHEC requires full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's approval signatures in lieu of payment. Access to workshop materials and handouts cannot be released until payment is received. Early and regular rates will be determined by the date of receipt.

Credit

CEU: 0.6

CNE: 6.5 Contact Hours will be awarded to participants who attend 90% of this activity.

Southern Regional AHEC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Any conflict of interest from the speaker will be announced at the beginning of the event.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 48 business hours before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Contact

Sherry Eubanks BSN, RN

Director of Nursing CE/RN Refresher Coordinator, SR-AHEC

910-678-7246 / sherry.eubanks@sr-ahcec.org

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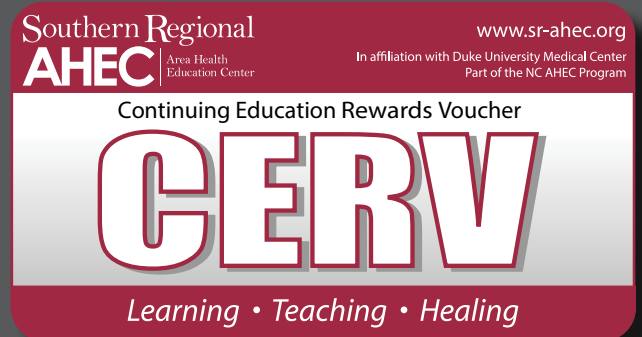
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**Not redeemable for CME series or contract programs and must be initialed by SR-AHEC personnel at current program.*

Registration Form

Form may be duplicated.

Basic Rhythm Interpretation

CASCE #53461 / NU171025

Phone: 910-678-7226 **Fax:** 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53461>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Circle one: Dr. Mr. Mrs. Ms.

Name _____ Last 4 digits of SS# _____

Certifications/Degrees _____ Specialty Area _____ Are you an NCC? _____

Employer _____ Job Title _____

Work Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Phone (work) _____ (home) _____

A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Email (primary) _____ (secondary) _____

Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies _____

Payment Information

Check (Make payable to SR-AHEC)

Mastercard / Visa # _____ Expiration Date (mm/yy) _____

Name on Card _____ Signature _____

The handouts for the program will be provided online through MyCE located on the SR-AHEC website: www.sr-ahec.org. Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to: https://www.southernregionalahec.org/?page_id=6196

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____

SR-AHEC.org
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