

Peripheral IV's Update / Skills Lab

Wednesday, August 2, 2017 9 a.m. - 1 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

Interested in improving your IV skills? This continuing education event will assist participants with understanding the uses, implications, and techniques for starting and maintaining peripheral intravenous (IV) therapy for their patients.

Outcome

Participants will be able to successfully verbalize the uses and implications of peripheral IV therapy and will demonstrate starting an IV.

Speaker

Britt Meyer, PhD., RN, CRNI, VA-BC, NE-BC, Nurse Manager, Operations, Vascular Access Team-Duke University Hospital Chair, Vascular Access Council, Duke University Health System State Liaison, Southern Nursing Research Society (SNRS)

Agenda

9 a.m 10:30 a.m.	Content
10:30 a.m 10:40 a.m.	Break
10:40 a.m 12:10 p.m.	Content
12:10 p.m 12:15p.m.	Break
12:15 p.m 1:15 p.m.	Skills Lab
1:15 p.m.	Adjourn

Fee

\$65.00 when registration and payment are made by July 26; \$75.00 thereafter.

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

CNE: 4.0 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.

CEU: 0.4 CEU's awarded to participants who attend 90% of this activity.

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

Sherri Eubanks BSN, RN Director of Nursing CE/RN Refresher Coordinator, SR-AHEC 910-678-7246 / sherri.eubanks@sr-ahec.org

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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.

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

Online: http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=52857 **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	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 progi	ram communications. The second	dary email will only be used if y	our primary email replies as "o	undeliverable.	
Email (primary)		(secondary)			
☐ <u>Do not</u> send email announcements of	upcoming SR-AHEC programs.	☐ <u>Do not</u> share my information	on with participants and/or e	xhibitors.	
pecial Needs / Food Allergies					
Payment Information					
☐ Check (Make payable to SR-AHEC)					
☐ Mastercard / Visa #		Expiration Date (mm/yy)			
Name on Card	Signa	ture			

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: http://sr-ahec.org/ContinuingEd/CE.html

 Office Use Only:
 Check Auth #______ Date______ From______ Amount \$_____





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CASCE #52857 / NU170802