



## **Peripheral IV's** **Update / Skills Lab**

Thursday, August 24, 2017  
9 a.m. - 1 p.m.

**Location:**

Partnership for Children  
351 Wagoner Drive  
Fayetteville, NC 28303

## 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 nurses 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

8:45 a.m.	Sign In/Registration
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 August 17, 2017; \$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-ahcec.org](mailto:sherri.eubanks@sr-ahcec.org)

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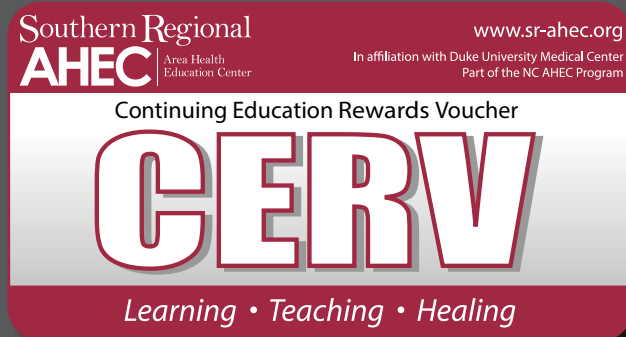
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*\*Not redeemable for CME series or contract programs and must be initialed by SR-AHEC personnel at current program.*

# Registration Form

Form may be duplicated.

**Peripheral IV's Update/Skills Lab**

CASCE #53456 / NU170824

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

**Online:** <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53456>

**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](http://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 \$ \_\_\_\_\_

SR-AHEC.org  
1601 Owen Drive • Fayetteville, NC 28304  
(910) 678-7226

**Southern Regional**  
**AHEC** | Area Health  
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