



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

Thursday, January 11, 2018
9 a.m. - 1:15 p.m.

Location:

Southern Regional AHEC
1601 Owen Dr, Classroom E
Fayetteville, NC 28304

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. - 9 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 January 4, 2018; \$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 two (2) business days (Monday-Friday), before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel two business days (Monday-Friday) before the program and obtain a refund for 70% of the registration fee.

Cancellations less than two business days (Monday-Friday) 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-ahec.org

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

Follow Us On

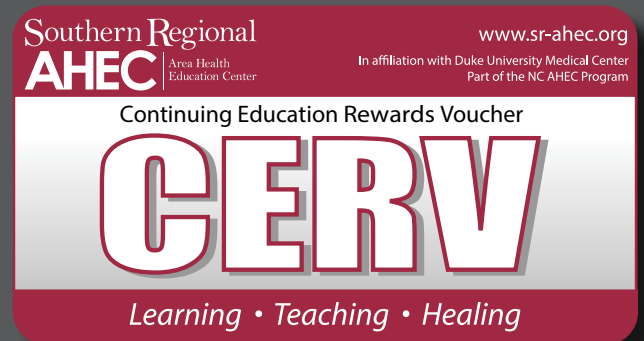
 Facebook: <https://www.facebook.com/srahec.nurseCE/>

 Twitter: @SRAHECNU

 LinkedIn: <https://www.linkedin.com/groups/7412009>

Earn \$35 toward a future program... Get Your CERV Card Today!

Would you like \$35 toward one of our programs? It's yours with your Continuing Education Rewards Voucher (CERV). When you attend your next program with us, you will receive a CERV card. Bring it with you each time you attend a program and one of our continuing education staff members will initial it for you. After you have attended five programs, your card can be redeemed for \$35 toward a *future program. It's just our way to saying, "thanks" to great customers, like you!



*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 #54285 / NU180111

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

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=54285>

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 _____

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
Education Center