



**Featured Speaker**  
**Sarah Waters, MSN, RN, ANP-BC,**  
Heart Failure Nurse Practitioner with UNC Healthcare

# It's a **Heart** Matter

Wednesday, February 07, 2018  
8:45 a.m. - 4:15 p.m.

**Location:**

Southern Regional AHEC  
1601 Owen Dr. (Classroom B)  
Fayetteville, NC 28304

## Target Audience

Nurses, nurse practitioners and other health care workers interested in learning about congestive heart failure and atypical myocardial infarction.

## Program Description

Each year about 670,000 people are diagnosed with heart failure. CHF is the leading cause of hospitalizations in those 65 and older. National health care costs for heart failure are approximately 30.7 billion dollars. Nurses who have had special training in heart failure have been shown to significantly reduce admissions, length of stay, costs and mortality. Join us to enhance your knowledge of heart failure, atypical MI's and improve outcomes for your patients.

## Outcome

Participants will be able to identify etiologies and pathophysiologies of heart failure and MI's, describe key components of heart failure and MI assessments as well as evidence based treatments.

## Speaker

**Sarah Waters, MSN, RN, ANP-BC**, Heart Failure Nurse Practitioner with UNC Healthcare

## Agenda

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

## Fee

Early Bird Rate: \$100.00. when registration and payment received by January 31, 2018; \$110.00 thereafter.

\$90.00 per person for groups of 3 or more registering with one form of payment at the same time by January 31, 2018; \$100.00 per person 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

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 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**

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

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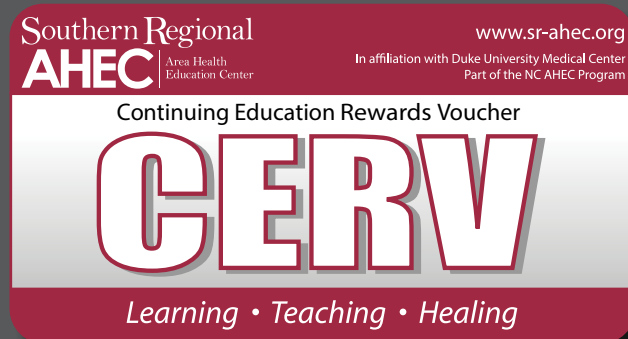
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*\*Not redeemable for CME series or contract programs and must be initialed by SR-AHEC personnel at current program.*

# Registration Form

Form may be duplicated.

**It's a Heart Matter**  
CASCE #54089 / NU180207

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

**Online:** <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=54089>

**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  
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(910) 678-7226

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**AHEC** | Area Health  
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