



ASPAN

American Society of PeriAnesthesia Nurses

Summer/Fall 2018 Seminar Series

Perianesthesia Certification Review

Presented by:

Linda Beagley MS BSN RN CPAN

Date: Saturday, August 11, 2018

Time: 7:30 AM Registration
AM Coffee/tea service - **LUNCH IS ON YOUR OWN**

Program Time: 8:00 AM - 4:55 PM

Location: Northwest Community Healthcare
NCH Auditorium
800 W Central Road
Arlington Heights, IL 60005
www.nch.org

Topics Include:

- ▶ Overview of the Perianesthesia Certification Exams
- ▶ Anesthetic Agents and Techniques
- ▶ Special Populations
- ▶ ASPAN Standards
- ▶ Clinical Judgement in Perianesthesia Nursing
- ▶ Test Taking Tips

Target Audience:

All perianesthesia nurses

Outcome:

To enable the nurse to demonstrate knowledge and effective test taking techniques by success on the perianesthesia certification exam

Overall Program Objective:

Discuss key topics essential for preparation for both perianesthesia certification exams

Case Presentations:

Any case studies discussed during the seminar are fictional and do not reflect any real persons or events

Disclosure Statement:

All planners and presenters at continuing nursing education activities are required to disclose to the audience any significant financial relationships with the manufacturer(s) of any commercial products, goods or services. Such disclosures will be made in writing in the course presentation materials.

7.25 Contact Hours

*The Registration Form is found on the back of this page.
Please photocopy and pass along to other interested colleagues.*

American Society of PeriAnesthesia Nurses (ASPAN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA).



Additional provider numbers: Alabama #ABNP0074, California #CEP5197.

Fee Schedule

- ASPAN Member Early Bird Fee - **Ends 7/14/18**
(4 weeks prior to seminar).....\$115.00
- ASPAN Member Regular Fee.....\$152.00
- ASPAN Member with CAPA*/CPAN* certification
may deduct \$10.00 from registration fee.
Provide Certification Number: _____
- Non-Member Early Bird Fee
(4 weeks prior to seminar).....\$173.00
- Non-Member Regular Fee.....\$210.00
- ASPAN Student Member
(unlicensed only/no contact hours).....\$ 36.00
Must provide copy of student ID
- Group discounts (excluding students): four or
more registrations **received at the same time**
(mail or fax only), each receives a \$10.00 discount.
All forms and checks must be received at the same
time; **no exceptions.**

Please note that registration cannot be accepted or processed unless accompanied by appropriate tuition payment. ASPAN will not reserve seats for registrations received without payment.

Cancellation Policy

- Full refund upon receipt of documented notice of cancellation postmarked 30 days or more preceding seminar date. An administrative fee of 20% will be charged for any cancellation postmarked 29 days or less preceding one week of the seminar date. Please note that seminars cancelled within one week or less of the seminar date will not be eligible for a refund. **This cancellation policy applies regardless of when you register.** Refund will be determined by the date notice is received in the ASPAN National Office in Cherry Hill, NJ.
- ASPAN reserves the right to substitute speakers if necessary.
- ASPAN reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen circumstances. All fees will be fully refunded.
- ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities.

Register Early - space is limited!

Please visit www.aspan.org for a copy of the seminar brochure which contains FULL details about our programs. Registering at the event is NOT recommended. If you are not pre-registered, please call 1-877-737-9696 x 219 the week prior to the seminar to verify the seminar status.

REMEMBER: A printed syllabus will not be provided.

- ❖ A link to the handout will be on your statement and will be sent to you in an emailed confirmation letter, upon your registration
- ❖ It is your decision to print all or part of the handout and bring it with you or to download the material to your computer. Wi-Fi will not be available the day of the seminar.

DO NOT DETACH. Please send back entire form. Please print or type. Use a separate form for each registrant. Duplicate as needed.

Registration Form: Perianesthesia Certification Review, Saturday, August 11, 2018, Arlington Heights, IL (PCR854)

Name: _____ ASPAN Member # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Work, Home, Cell): _____ Fax: _____

Email (mandatory): _____ ***** (Handout link is delivered via email) *****

Method of Payment:

Check (Payable to ASPAN, drawn on U.S. bank in U.S. funds)

VISA

Master Card

American Express

Card Number: _____ Expiration Date: _____

Signature: _____

Federal ID# 06-1024058

FOR MORE INFORMATION OR TO RETURN THIS FORM

ASPAN Seminars
90 Frontage Road
Cherry Hill, NJ 08034-1424
Register online at www.aspan.org

Phone: (877) 737-9696, Ext. 219 Fax: (856) 616-9601

***Please note: Registration is not taken over the phone