

American Society of PeriAnesthesia Nurses



Winter/Spring 2011 Seminar Series

Perianesthesia Certification Review

Hosted by: RMPANA (Rocky Mountain PeriAnesthesia Nurses Association) *District IV*

Presented by:

Linda Wilson, Ph.D., RN, CPAN, CAPA, BC, CNE

Date: Saturday, February 12, 2011

Time: 7:30 AM Registration (Includes Parking)
Continental Breakfast and PM snack provided
Lunch is on your own

Program Time: 8:00 AM – 4:55 PM

Location: AIMS Corporate Education Center
5590 W 11th Street
Greeley, CO 80634

Topics Include:

- ▶ Mechanics of the Exams
- ▶ Review of Anesthesia
- ▶ Examining the ASPAN Standards
- ▶ Special Populations: Pediatric, Geriatric and Pregnant Patients
- ▶ Critical Thinking in Clinical Practice and Certification Testing
- ▶ Test Taking Prep: Setting Yourself Up for Success

Target Audience:

Perianesthesia nurses who are assessing their readiness for certification examinations, or preparing for certification examinations, or those who want an overall review of their practice.

Purpose/Goal:

To provide the ambulatory and perianesthesia nurse with content to stimulate critical thinking to prepare for either the CAPA® or CPAN® certification examinations.

Overall Program Objectives:

1. Review key topics essential for preparation for both perianesthesia certification exams
2. Discuss critical thinking and exam taking techniques

7.25 Contact Hours

The Registration Form is 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.



Accreditation does not imply that ASPAN or ANCC approves or endorses any product included in the activity. Provider numbers: Alabama #ABNPO074, California #CEP5197, Florida #50-114.

ASPAN the Leader in Perianesthesia Education

<p>Fee Schedule</p> <p><input type="checkbox"/> ASPAN Member Fee.....\$100.00</p> <p><input type="checkbox"/> ASPAN Member with certification (CAPA/CPAN) may deduct \$10.00 from registration fee. Provide Certification Number: _____</p> <p><input type="checkbox"/> ASPAN Non-Member.....\$140.00</p> <p><input type="checkbox"/> Student (unlicensed only).....\$ 35.00</p> <p><input type="checkbox"/> Group discounts (excluding students): four or more registrations received at the same time (mail, fax or web), each receives a \$10.00 discount. All forms and checks must be received at the same time no exceptions.</p>	<p>Cancellation Policy</p> <p>■ Full refund upon receipt of written notice of cancellation, postmarked 30 days or more preceding seminar date; 20% administrative fee for any cancellation postmarked 29 or less days preceding seminar date to 48 hours prior at which time there is no refund.</p> <p>■ ASPAN reserves the right to substitute speakers if necessary.</p> <p>■ ASPAN reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen circumstances.</p> <p>■ ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities.</p> <p style="text-align: center;">Register Early – space is limited!</p>
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Directions to Aims Corporate center: Consult Mapquest

Hotels Nearby: Comfort Inn-Greeley 866-969-8065, Greeley Guest House (across the street)– 800-314-3684

Disclosure Statement: All faculty at nursing continuing education activities are required to disclose to the audience (1) Any significant financial relationship with the manufacturer(s) of any commercial products, goods or services and (2) Any unlabeled/unapproved uses of drugs or devices discussed at their presentations. Such disclosures will be made in writing in the course presentation materials.

----- Do not detach. Please send back entire form. -----

Registration Form: Perianesthesia Certification Review, Saturday, February 12, 2011, Greeley, CO

Please print or type. Use a separate form for each registrant. Duplicate as needed.

Name: _____ ASPAN Member # _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Fax: _____

E-mail (mandatory): _____

Method of Payment:

- Check (Payable to RMPANA District IV, drawn on U.S. Bank in U.S. funds)
- VISA Master Card American Express

Card Number: _____ Expiration Date: _____

Signature: _____

FOR MORE INFORMATION OR TO RETURN THIS FORM

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