

# **ASPAN Select Seminar Series**

# ASPAN Select 3 Omaha, NE

Date: Saturday, February 20, 2021

Registration: 8 AM - 8:30 AM

Program Time: 8:30 AM - 11:45 AM

Location: CHI Immanuel Hospital

Holling Center Conference Room

6901 N 72nd Street Omaha, NE 68122

https://www.chihealth.com

## Pre-Recorded Modules Include:

- ▶Adult Respiratory Distress Syndrome: Is Your Patient Drowning? Wanda Rodriguez MA RN CCRN CPAN
- ▶ Crucial Conversations: Communication That Matters Maureen Iacono BSN RN CPAN
- ▶When Appearances Deceive: The Changing Face of Heart Failure Jacque Crosson DNP RN CPAN FASPAN

## Target Audience:

All perianesthesia nurses

#### Outcome:

To enable the nurse to increase knowledge on the care of the patient with ARDS, crucial conversations, and the care of the patient with heart failure

# Overall Program Objective:

Discuss the care of the ARDS patient in the perianesthesia setting, strategies for crucial conversations, and patient care priorities for the perianesthesia patient with heart failure

#### 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.

### 3.0 Contact Hours

American Society of PeriAnesthesia Nurses, (ASPAN) is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Association Credentialing Center's Commission on Accreditation.



Provider approved by the California Board of Registered Nursing, Provider Number CEP5197, for 3.0 contact hours.

Additional provider numbers: Alabama ABNP0074.

# Fee Schedule Cancellation Policy ■ Full refund upon receipt of documented notice of ☐ ASPAN Member Fee......\$32.00 cancellation postmarked 30 days or more □ Non-Member Fee.....\$85.00 preceding seminar date. An administrative fee of 20% will be charged for any cancellation Please note that registration cannot be accepted or processed postmarked 29 days or less preceding one week of unless accompanied by appropriate tuition payment. ASPAN the seminar date. Please note that seminars will not reserve seats for registrations received without cancelled within one week or less of the seminar payment. date will not be eligible for a refund. This cancellation policy applies regardless of when Register online at <a href="https://learn.aspan.org">https://learn.aspan.org</a>. you register. Refund will be determined by the date notice is received in the ASPAN National You must be logged in to register. If you do not have an Office in Cherry Hill, NJ. account, you will need to create a new account. ■ ASPAN reserves the right to cancel a seminar due to insufficient enrollment or any unforeseen Onsite registrations are not accepted. You must register at least circumstances. All fees will be fully refunded. one week prior to the event. ■ ASPAN cannot be responsible for limited enrollment due to room sizes in some facilities. Please note that if you have the RETIRED Membership status, you cannot earn contact hours through ASPAN. Please contact Register Early - space is limited! the National Office to update your membership to ACTIVE, if you wish to receive contact hours. REMEMBER: A printed syllabus will not be provided. ❖ A link to ASPAN Learn 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: ASPAN Select 3, Omaha, NE, Saturday, February 20, 2021 (AS3ONE2145) Name: \_\_\_\_\_\_ ASPAN Member # \_\_\_\_\_ Address: \_\_\_\_\_ \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (Work, Home, Cell): \_\_\_\_\_\_ Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Email (mandatory): \_\_\_

Federal ID# 06-1024058

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Email: dingram@aspan.org

Signature: \_\_\_\_\_

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

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