

The American Society of PeriAnesthesia Nurses



Summer/Fall 2009 Seminar Series

Surrounding Your Practice with Excellence:

Legalities, Standards & Advocacy

Presented by:

Barbara Putrycus MSN RN CCRN

Date: Saturday, October 24, 2009

Time: 7:30 A.M. Registration
A.M Coffee/tea service - Lunch is on your own

Program Time: 8:00 A.M. – 4:55 P.M.

Location: Sheraton Clayton Plaza
7130 Bonhomme Avenue
St. Louis, MO 63105 (314) 863-0400
(www.sheratonclaytonhotel.com)

Topics Include:

- ▶ Medical Malpractice ▶ Patient Safety ▶ Documentation ▶ Standards and Ethics of Perianesthesia Practice
- ▶ Regulatory Issues and Guidelines ▶ Advocacy and the Legislative Process

Target Audience:

Nurses working in all phases of perianesthesia practice or any nurse wanting to know more about the standards, ethics, legislative and legal issues which guide practice in the perianesthesia setting.

Purpose/Goal:

To provide nurses practicing in the perianesthesia setting with the most current evidence based information on standards, ethical practice, patient safety and competent legal documentation.

Overall Program Objectives:

1. Identify key elements of medical malpractice as they relate to perianesthesia practice
2. Define regulatory issues and guidelines pertaining to perianesthesia nursing
3. Discuss the role of patient/nurse advocate

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 (ANCC-COA).

Accreditation does not imply that ASPAN or ANCC approves or endorses any product included in the activity. Provider numbers: Alabama #ABNP0074, California #CEP5197, Florida #50-114.

ASPAN the Leader in Perianesthesia Education



PLEASE NOTE: A printed syllabus will no longer be provided with on-site materials. Your registration confirmation letter will contain a link to a website, where you can go to view or print out either a complete copy of the handout or only the topics of interest and bring with you to the seminar.

Fee Schedule

- ASPAN Member: Early Bird Fee (4 weeks prior to seminar)..... \$115.00
- ASPAN Member Regular fee.....\$152.00
- ASPAN Member with certification (CAPA/CPAN) may deduct \$10.00 from registration fee. Provide Certification Number: _____
- ASPAN Non-Member: Early bird Fee (4 weeks prior to seminar)..... \$173.00
- ASPAN Non-Member: Regular Fee.....\$210.00
- Student (unlicensed only)..... .\$ 36.00

- Group discounts (excluding students): four or more registrations **received at the same time (mail, fax or web)**, each receive a \$10.00 discount. All forms and checks must be received at the same time **no exceptions**.

Cancellation Policy

- 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. 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!

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

Registration Form: Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy Saturday, October 24, 2009, St. Louis, MO (SPE964)

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: _____

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# 1024058

FOR MORE INFORMATION OR TO RETURN THIS FORM

Phone: (877) 737-9696, Ext. 19

Fax: 856-616-9601

Registration Manager ASPAN
10 Melrose Avenue, Suite 110
Cherry Hill, NJ 08003

Register on-line at www.aspan.org