

EMERGENCY DEPARTMENT NURSING COURSE 2010

Registration Application

PLEASE COMPLETE & PRINT CLEARLY:

Name: _____

Address: _____

City/State/Zip: _____

Nursing License #: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Department: _____

Supervisor's Signature: _____

**Please check items that are being paid for with this application:
(Make check payable to CHW)**

Please check the course(s) for which you wish to register:

- _____ Pediatrics for the ED Nurse (Feb 26)
- _____ The Unresponsive Patient in the ED (April 2)
- _____ Topics Not taught in Nursing School (May 14)
- _____ ABD/OB/GU and GI in the ED (June 25)
- _____ The Critical Ill Patient in the ED (Aug 27)

COURSE COSTS:

- SSNA Employee: \$90.00 per day**
- Non-SSNA Employee: \$120.00 per day**

SSNA HOSPITALS

Barton Memorial, Catholic Healthcare West - Greater Sacramento Svs Area, Fremont-Rideout, Kaiser Capital Service Area, Kindred Hospital, Marshall Hospital, Methodist Hospital, Northbay, Shriners' Hospital, Sierra Nevada Memorial, Sutter-Auburn, Sutter-Davis, Sutter Medical Center, Sutter-Roseville, UC Davis Medical Center & Woodland Memorial.

IF HOSPITAL IS RESPONSIBLE FOR PAYMENT

Send completed form to hospital facilitator.

IF SELF PAY -

Send completed form with payment to:
(make check payable to CHW)

Continuing Education Consortium
CHW - Strategic Learning Development
650 Howe Avenue, Suite 400
Sacramento, CA 95825

HOSPITAL FACILITATOR USE ONLY

Signature ***required by facilitator***
if hospital is responsible for payment.
FAX completed form to the CEC Coordinator
Fax: (916) 733-6286

Facilitator signature **required** if hospital is paying fee