



5 Concourse Parkway, Ste 3000 Atlanta, GA 30328

HOSPICE CERTIFICATION REVIEW COURSE FOR NURSES AND FOR CNAs

GHPCO, with Hospice Savannah, presents a 2-day workshop to provide review of materials and information prior to taking the Certification examination for Hospice and Palliative Nurses (both RNs and LPNs) and a 1-day workshop for CNAs. Course material is based on the approved curriculum authorized by the Hospice and Palliative Nurses Association, with additional supplemental materials provided for review and study.

When: August 16-17, 2010 (Nurses)
August 18, 2010 (CNAs)
9am to 5pm each day

Where: Hospice Savannah
1352 Eisenhower Dr, Savannah, GA 31405
(Hospice House Community Education Room)

Cost:	GHPCO MEMBER	Nurses = \$150	CNA = \$100
	Non-MEMBER	Nurses = \$250	CNA = \$150

** Fees include continental breakfasts, breaks, materials, lunches and CEUs **

16.8 CEUs for Nurses will be provided

(GHPCO is an approved provider of Nursing CEUs by the Alabama Board of Nursing, provider # ABNP1402)

Registration Deadline: August 9th, 2010 - cancellation prior to this date will result in a \$35 processing fee; **no cancellations after August 9th, 2010** - substitutions accepted for paid registrations.

HOSPICE CERTIFICATION REVIEW COURSE FOR NURSES AND CNAs

FACULTY:

Christine Taegar, MS, RN CHPN, Manager, Hospice Clinical Education & Development, Gentiva

Jennifer Hale, RN BS CHPN, Executive Director, GHPCO

Kelly Hagemes, RN CHPN, NH/ALF Team Manager, Columbus Hospice

Martha Barfield, RN CHPN, Team Manager, Columbus Hospice

**To Register: Complete form and return with payment to GHPCO by mail or fax
If mailing, please do so by August 1st to ensure timely delivery!**

Name: _____ email: _____ phone: _____

Organization: _____ Member? Y N

Please select course and membership level, enter number of attendees on the blank provided:

___ GHPCO Member NURSE review course

___ GHPCO Member CNA review course

___ NON-member NURSE review course

___ NON-member CNA review course

Total =

Payment method: _____ check (# _____) _____ Credit card

Credit card info: VISA MasterCard AMEX

Name on card: _____ Card Number: _____

Billing Address: _____ zip _____ Exp date: _____ V Code: _____

Name(s) of attendee(s): _____

Mail to: GHPCO – Jennifer Hale

Fax to: 678-623-0175

5 Concourse Pkwy, Ste 3000

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