HCANJ
Health Care Association of New Jersey

Post-Acute Advanced Wound Management & Certification Preparation Workshop

Prevention and management of pressure ulcers, acute wounds and chronic wounds are some of the most challenging clinical issues in health care. Learn the most current and effective wound care treatment options available while preparing for the CWS and CWCA certification exams.

29 Nursing Contact Hours have been submitted to New Jersey State Nurses Association (NJSNA)

April 30, May 1, 7 & 8, 2015
9 a.m. - 5 p.m.

Health Care Association of New Jersey

Executive Headquarters
4 AAA Drive, Suite 203, Hamilton, NJ

Post-Acute Advanced Wound Management & Certification Prep Workshop

Course Information

ABOUT THE COURSE: This 29 hour, 4-day workshop was created by a Nationally Certified Wound Specialist. It has an interdisciplinary focus intended for RNs, NPs, PAs, PTs, and RDs. Only RNs are eligible to received contact hours once approved.

The program follows the American Board of Wound Management (ABWM) content outline in an effort to prepare candidates for the Certified Wound Specialist (CWS) and the Certified Wound Care Associate (CWCA) tests. Completion of the workshop does not provide certification as a wound specialist.

AGENDA

8:45 a.m.	Registration and continental breakfast
9 a.m. - 12 noon	Program
12 - 12:30 p.m.	Complimentary lunch
12:30 - 4:45 p.m.	Program (with one 15 minute break)
4:45 - 5 p.m.	QA / Completion of Evaluation

The course modules contain the most current federal guidelines and evidence-based practice on the following topics:

Day 1 (Thursday, April 30 2015) Laying the Foundation:
Introduction and review of assignments and hands-on lab wound assessment skills. The course will continue with The Integument System, physiology of healing, wound assessment, wound classification and goal setting, wound bed preparation and medical management.

Day 2 (Friday, May 1, 2015) Wounds, Wounds and more Wounds!
This session will review pathophy (A-typical wounds), pressure ulcers/support surfaces, MASD, skin tears, arterial ulers, venous ulcers, neuropathic ulcers and burns.

Day 3 (Thursday, May 7, 2015) Beyond the Basics
Review of legal / risk management, modalities, nutrition, reimbursement, debridement and infection.

Day 4 (Friday, May 8, 2015) Final
The final session will include psychosocial aspects, ethics, a lab, case studies, Q & A, practice test and distribution of Certificates of Completion.

PLANNING AND TEACHING FACULTY

- Jeanine Maguire, MPT, CWS
  Genesis HealthCare, LLC/Director Skin Integrity & Wound Mgt.
- Donna Boyer, RN, WCC, SD-CLTC
  Genesis HealthCare, Clinical Education Specialist
- Cynthia Fritts, MSN, RN-BC, CWS
  Genesis HealthCare, Clinical Education Specialist
- Debbie Slack Katz, RN
  Genesis HealthCare, Clinical Risk Manager, Director of Training

CONTINUING EDUCATION & CONTACT HOURS - This activity has been submitted to NJSNA for approval to award contact hours. New Jersey State Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Approval status does not imply endorsement by HCANJ, NJSNA or by ANCC of any commercial products discussed/displayed in conjunction with the educational activity.

The nurse planner and speakers have been cleared of conflict of interest for these education sessions.

For more information regarding contact hours please contact Michelle Palko at 609.890.8700

All students will be required to sign a roster and provide their license number. Upon request, this attendance roster will be sent to the licensure boards to verify individual hours earned. Evaluation forms will be collected at the end of the day. Certificate of Completion will serve as the official attendance record for presentation to accrediting bodies. Nursing education certificates will be provided on site, only after attendance rosters are signed and evaluations are handed in. No partial hours are awarded. You must attend all four days in order to receive your contact hour certificate at the conclusion of Day 4.

There is no sponsorship for this event.

PAYMENT All registrations must be accompanied by payment in full by credit card or check. Checks should be made out to HCANJ. HCANJ accepts Visa, MasterCard and American Express. Registrations received without payment cannot be processed.

CANCELLATIONS HCANJ regrets that we are unable to offer refunds for cancelled registrations. We encourage individuals who cannot avoid cancellation to send a substitute.

REGISTRATION SUBSTITUTIONS If the original individual who registered is unable to attend, we encourage substitution from the same facility. Individuals wishing to make a substitution should call Michelle at 609.890.8700 or email the request along with information for the new attendee to michelle@hcanj.org.

COURSE LOCATION This course will be held at HCANJ Executive Offices - 4 AAA Drive, Suite 203, Hamilton, NJ 08691

REGISTRATION INCLUDES

- Instruction
- Textbook and handouts
- Breakfast and lunch (kosher available if requested in advance)

LODGING Attendees are responsible for arranging their own hotel accommodations, if necessary.

CERTIFICATION QUALIFICATIONS If you intend to take the ABWM certification exam, please visit the website (www.abwm.org) to review the certification exam eligibility criteria, test dates, test locations and fees.

Register Early ~ Maximum seating of 50

Post-Acute Advanced Wound Management & Certification Prep Workshop

Registration

HOW TO REGISTER

1. Fax completed registration form to 609-584-1047 or email to michelle@hcanj.org.
2. Make check payable to HCANJ and mail to 4 AAA Drive, Suite 203, Hamilton, NJ 08691
3. For online registration visit our website at *www.hcanj.org* and click on the Events and Education tab to find the event

No refunds will be offered for no-shows. If you are not able to attend, we encourage you to contact us with a replacement name. Please feel free to duplicate this form for additional registrants.

Registration questions - please contact michelle@hcanj.org

PLEASE COMPLETE ENTIRE REGISTRATION FORM

(RN License # is required in order to receive contact hours / please be sure to provide this on the registration)

NAME_____ TITLE_____

Professional License ❑Nurse ❑Therapist ❑Dietitian RN License #: _____

❑$1000 HCANJ Member Registration Fee ❑$1500 Non-Member Registration Fee

Facility Name: _____

Facility Address:_____

Street Address City State / Zip

Facility phone number_____ Facility fax number_____

Email address for registration confirmation:_____

Please supply email address as this is important for follow up communications and confirmation

PAYMENT INFORMATION:

Name on credit card _____Cardholder e-mail_____

Cardholder phone: _____ Cardholder fax: _____

Cardholder Address:_____

Street Address City State / Zip

❑Check enclosed for $_____ ❑Charge my credit card for $_____ ❑MasterCard ❑Visa ❑American Express

Card No.: _____ Security No.: _____ Card Exp. Date: _____

The Security No. is the three or four digit black number on the front or back of your credit card. (example: 4786 411)

Questions - email michelle@hcanj.org or call 609-890-8700