

FOURTEENTH ANNUAL ASSEMBLY OF REGISTERED NURSES

Co-Sponsored by the
**Department of Nursing, University of West Florida, and
Upsilon Kappa Chapter, Sigma Theta Tau International**

Please join us
Thursday, March 24, 2011

Continuing Education workshops (up to 7 contact hours) in nursing or social work and lunch in the Commons at the University of West Florida in Pensacola

7:30 - 8:30 a.m.	REGISTRATION
8 - 8:15 a.m.	WELCOME AND GREETINGS OPENING SESSION
8:15 - 9:15 a.m.	Mental Health Impact of Hard Economic Times: The “No Moolah” Syndrome
9:15 - 9:20 a.m.	STRETCH BREAK
9:20 - 10:20 a.m.	CONCURRENT SESSIONS <i>(a) Medications</i> <i>(b) Trauma-informed Care and the Recovery Model</i>
10:20 - 10:40 a.m.	BREAK
10:40 - 11:40 a.m.	ACUTE CARE NURSE’S CHALLENGES IN CARING FOR THE SEVERELY MENTALLY ILL
11:40 a.m. - 12:30 p.m.	LUNCH — UWF Commons Auditorium
12:30 - 1:30 p.m.	CONCURRENT SESSIONS <i>(a) “Prevention of Medical Errors, Part I”</i> <i>(b) Terminal Restlessness</i>
1:30 - 1:40 p.m.	STRETCH BREAK
1:40 - 2:40 p.m.	<i>(a) Prevention of Medical Errors, Part II”</i> <i>(b) Compassion Fatigue</i>
2:40 - 2:56 p.m.	BREAK
2:55 - 3:55 p.m.	Poster Session
3:55 - 4:55 p.m.	Relaxation Training
4:55 - 5:00 p.m.	EVALUATE AND ADJOURN

*** Participants must attend both sessions to receive contact hours for Prevention of Medical Errors**
Reservations and pre-payment are required. Registration on-site may not be accommodated.
Follow the signs to parking lots J, L, or Z.
Five dollars of the registration fee benefits the University of West Florida Nursing
and the Upsilon Kappa Chapter, Sigma Theta Tau Scholarship Funds
Door prizes throughout the conference.

UWF Nursing Assembly, March 24, 2011—REGISTRATION

Registration fee, if received by March 14, 2011 —\$70 per person, \$80.00 if received after March 14, 2011;
UWF students: \$10 per person; Sigma Theta Tau International member: \$50 per person; other students: \$25 per person.
Lunch and conference materials included in fee.

The following information is needed for impact survey:

Profession or Occupation: _____

Name of Employer _____ county of employment _____

Employer address _____ city _____ state _____ zip _____

Employer Type:

- | | | |
|--|---|---|
| <input type="radio"/> Community Clinic | <input type="radio"/> Hospital Clinic | <input type="radio"/> Rehab Center/Services |
| <input type="radio"/> Community Hospital | <input type="radio"/> Indian Health Services | <input type="radio"/> Retired |
| <input type="radio"/> Correctional Facility | <input type="radio"/> Mental Health Facility | <input type="radio"/> School/Community College/University |
| <input type="radio"/> County Health Department (CHD) | <input type="radio"/> Migrant/Community Health Center (M/CHC) | <input type="radio"/> Self-Employed |
| <input type="radio"/> Family Practice Center | <input type="radio"/> Nursing Home | <input type="radio"/> Social Service Agency |
| <input type="radio"/> Home Health Care | <input type="radio"/> Private Practice | <input type="radio"/> OTHER |
| <input type="radio"/> Homeless Clinic | <input type="radio"/> Professional Association | |

Ethnicity/Race:

- | | |
|--|--|
| <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> White |
| <input type="radio"/> Asian | <input type="radio"/> Other/Undeclared |
| <input type="radio"/> Black/African American | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> Hispanic/Latino | <input type="radio"/> Other/undeclared |

National Health Service Corps:

- Yes
 No

REGISTRATION—UWF Nursing Assembly, March 24, 2011

Please respond by March 14, 2011, to reserve your place.

Registration fee, if received by March 14, 2011 — \$70 per person, \$80.00 if received after March 14, 2011 (UWF students: \$10 per person; Sigma Theta Tau International member: \$50 per person; other students: \$25 per person.) Lunch is included in fee. Complete both sides and return with your payment.

(Late registration: \$80 must be received by March 14, 2011. On-site registration, if space is available: \$90.)

name (print): _____

address: _____ city _____ state _____ zip _____

e-mail: _____

nursing license: state _____ license number _____ RN _____ ARNP _____ LPN _____

social work license: state _____ license number _____

UWF nursing student _____ Student (school) _____ Sigma Theta Tau Chapter _____

amount enclosed: _____ check

UWF Cashier cannot accept credit card payment by mail or telephone. Please do not mail cash.

Make checks payable to UWF Cashier (account: 4011-026-31, code: 004001)
Mail form with payment to: UWF Cashier, University of West Florida, Bldg. 20E,
11000 University Parkway, Pensacola, FL 32514



To arrange accommodations for the disabled or hearing impaired, call Reta Burton at 850.857.6080 (voice/TDD) or through the Florida Dual Party Relay System at 850.857.6114 (voice) at least five days in advance.

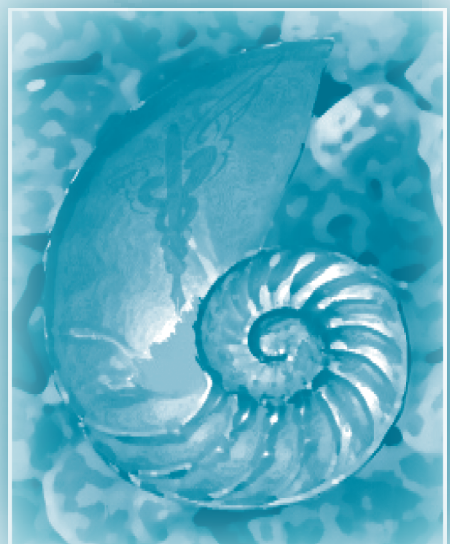
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Continuing Education Workshops: 7 contact hours.

West Florida AHEC is accredited by the Florida Medical Association to provide Continuing Education (CE) for the following health professions

Florida Department of Health— Board of Nursing #NCE50-2156

· Florida Department of Health— Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling #BAP847