

The New Hampshire Hospice and Palliative Care Organization



Presents

A Step in
Preparing for
the next
Certification
Exam For LNAs

Clinical Review for the Hospice & Palliative Nursing Assistant

DATE: Saturday, March 18, 2017
TIME: 8:00am - 4:00pm

This *Clinical Review* consists of **four** modules: (* 8 Contact Hrs Provided)

- Communicating at the End of Life
- Pain Management at the End of Life
- Symptom Management at the End-of-life
- Care of the Patient and Family When Death is Nearing

Target Audience: LNAs interested in enhancing their knowledge about End of Life Care. (*This review can be used as a step in preparing for the CHPLNA Exam.*) Hospice Volunteers, Chaplains, Social Workers and other team members are welcome to register to attend as space allows.

Location:

NH Hospital Association Building
125 Airport Road, Room 1 (rear entrance)
Concord, NH
(603) 415-4298

Instructor:

Charlene Forcier, RN, MS, CHPN
Hospice & Palliative Nurses' Association
Approved Educator
Contact – 603 769 0216 or email jmcdermott@nhhpc.org

Directions: - I-93.to exit 14-Loudon Road. Take a right at the end of the ramp. Bear right at the top of the hill, this is Airport Road. NHHA is about a mile down on the left.

Please bring a brown bag lunch. Breaks and handouts included in Registration Fee.

Registration Form

Clinical Review Course for the Hospice and Palliative Nursing Assistant - Saturday, March 18, 2017

Registration Fee: NHHPCO members - \$65, non-members - \$85

Registrations must be received 3/13/2017. Minimum of 10 paid registrants required.

Last Name: _____ First: _____ Title: _____

Phone: _____ E-Mail: _____

Agency: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax with payment to 603 672 4409 or mail Checks (payable to NHHPCO) to NHHPCO, 125 Airport Rd, Concord, NH 03301

MasterCard Visa Discover Card Number: _____ (We do not accept AMEX)

Exp. date _____ 3 digit security code _____ Total Charge Amount: \$ _____

Print name of cardholder: _____

Authorized Signature: _____ Date: _____