

CRITICAL CARE AND PROGRESSIVE CARE NURSING CERTIFICATION REVIEW COURSE

Kay Hoppe RN, BSN, CCRN, CCRN, CMSRN

A clinical educator at Watertown Memorial Hospital, Kay has been a national speaker for over fifteen years. Her clinical background of over 20 years includes experience in: ICU, CCU, Burn, Trauma, Cardiothoracic surgery and Cardiac medical units. She graduated with her bachelor's degree in nursing from the University of Wisconsin Oshkosh and is currently attending UW-Madison where she is pursuing a combined Educator/CNS master's degree. She is well known throughout Wisconsin for her ability to take complex topics and make them fun and easy to understand.

Course Description

This two-day program is designed to provide an extensive review of acute care nursing practice. This includes the care of patients in critical care, intermediate care, direct observation, step-down, telemetry, and transitional care units. The course provides a review of disease processes commonly encountered in the acute care setting along with pertinent pathophysiology, assessment, diagnostic testing and current treatment measures. The blueprint for the CCRN and the PCCN exams serve as the foundation for this course with primary emphasis placed on topics common to each of the exams. This course can be used as a CCRN and PCCN preparatory course or as a review to those managing the care of acutely ill patients.

Schedule

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|-------------------|---------------|---|
| 7:30 AM – 8:00 AM | Registration | Continental breakfast provided. |
| 8:00 AM – 4:30 PM | Review Course | Light lunch and afternoon snack provided. |

Accreditation

This program has been approved by the American Association of Critical-Care Nurses for 14.5 Contact Hours, CERP Category A, File number 00015621.

Inquiries:

Questions can be directed to: mpkonrath@msn.com. **1-262-224-6353**

2010 CCRN/PCCN REVIEW - REGISTRATION FORM

Registration Deadline ----- August 15, 2010

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

E mail: _____

Employer: _____

\$ 225 _____ *Non AACN Member*

\$ 200 _____ *AACN Member*

Must submit a copy of national membership card

\$ 150 _____ *GMAC*

LESS \$25. PER PERSON with 4+ in the same envelope

Make checks payable to and mail to:

**Greater Milwaukee Area Chapter-AACN
P . O . Box 1836
Milwaukee, WI 53201**

Enrollment is **limited by facility size – register early!** *If you register after August 15th please add \$25.00*

Refunds, less a \$25.00 processing fee, will be made for cancellations received in writing prior to Sept. 10.

To receive **registration confirmation**, include a self addressed stamped envelope with the registration.

GMAC reserves the right to cancel due to extenuating circumstances. A full refund will be issued.

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