

EMERGENCY NURSING PEDIATRIC COURSE

4th Edition

The Emergency Nursing Pediatric Course, sponsored by the Manhattan-Bronx Chapter of the Emergency Nurses Association will be offered at:

Montefiore Medical Center
3331 Steuben Avenue
Second Floor Classroom
Bronx, NY 10467

Saturday, October 14th, 2017 8:00am - 6:00pm (or until done) &
Sunday, October 15th, 2017 8:00am - 6:00pm (or until done)

TUITION: Non-refundable ENA members-\$325.00 Non-ENA members-\$400.00

DEADLINE DATE FOR RECEIPT OF REGISTRATION: September 10th 2017 (unless class is full prior to this date)

OPEN to: RN's ONLY (a minimum of 6 months ER experience is recommended)

Please complete the registration form below and return it with a check or money order as soon as possible. The entire registration fee must accompany the registration form. To qualify for the member rate, ENA members must submit a photocopy of their current ENA membership card with this application and fee. Upon receipt of the above, you will be notified of your acceptance into the course **via your personal e-mail**.

Further information about the exact location, parking etc. will be sent to participants prior to the course. The ENPC manual will be sent to you approximately one month before the course.

The *Emergency Nurses Association* is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

In accordance with the American with Disabilities Act, please advise the Course Director, if you have any disability that requires special materials and/ or services so that appropriate personnel can be advised.

Cancellation policy: Persons canceling more than 2 weeks prior to the first day of the course will receive a refund minus \$100.00 processing fee. No refunds can be made for cancellations received 2 weeks or less before the starting date of the course.

Susan McAllen
ENPC Course Director

Manhattan-Bronx Chapter ENA
ENPC Provider Course Saturday October 14th 2017 & Sunday October 15th 2017

NAME: _____ ENA Membership # _____

ADDRESS: _____

TELEPHONE: HOME _____ WORK: _____

Shift you work: _____ **E-mail (Personal) no hospital** _____

Employer and Position: _____

MAIL TO: Susan McAllen
6 Potomac Court
Washingtonville, NY 10992

Make check payable to: ENA, Manhattan-Bronx Chapter

For questions or further information:
Email: susanjmcallen@yahoo.com
Call 718-920-8377 Mon to Fri 8am-4pm