



ELNEC 1-Day Training Seminar

Thursday, October 15, 2009

8:00 am to 6:00 pm

Cost: \$100.00 (Lunch included)

End-of-Life Nursing Education Consortium (ELNEC) Program

The End-of-Life Nursing Education Consortium (ELNEC) Project is a national end-of-life educational program administered by City of Hope National Medical Center (COH) and the American Association of Colleges of Nursing (AACN) designed to enhance palliative care in nursing.

The training will provide modules specific to symptom management, challenges to pain management, cultural competence, and grief and loss issues. Case studies and interactive group participation assure a dynamic workshop on end-of-life care and improvement in how care is provided to patients facing life-limiting illnesses.

Nine (9) continuing education units will be awarded upon completion of the training along with a certificate of designation as ELNEC Trained. VITAS will provide all training materials to participants so leave room in your suitcase.

The ELNEC curriculum contains nine modules addressing critical aspects of end-of-life care:

1. Nursing Care at the End-of-Life
2. Pain Management
3. Symptom Management
4. Ethical/Legal Issues at the End-of-Life
5. Cultural Considerations in End-of-Life Care
6. Communications at the End-of-Life
7. Grief, Loss, and Bereavement
8. Achieving Quality Care at the End-of-Life
9. Preparation and Care for the Time of Death

Provided by:

VITAS INNOVATIVE HOSPICE CARE

www.vitas.com



ELNEC Training Registration Form

End-of-Life Nursing Education Consortium Training Program

Date/Time: **October 15, 2009 from 8:00 am to 6:00 pm**

Location: Radisson Hotel • 11 Tara Boulevard • Nashua, NH 03062 • 603-888-9970
single/double rate: \$109.00 or reserve online at www.radisson.com/nflpn
(Hotel rates available thru September 14th—reserve your rooms early!)

NFLPN has partnered with VITAS Innovative Hospice Care to provide training worth 9 CEUs, focused on the critical aspects End-of-Life patient care. Our goal is to empower our membership with additional skills competency and knowledge to support LPNs and ensure stellar and irreplaceable patient care in the nursing profession. See program details for more information.

Registrant Information: (Please register by October 1, 2009 - seats are limited)

(This form is per person, please reproduce for additional registrants if necessary)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Registration Fee:

_____ **ELNEC Training - 1 day event** **\$100 \$** _____
(Lunch included in fee)

Payment Method: **NFLPN Tax ID #13-1690105**

_____ Check or MO enclosed (Payable to NFLPN and mail to the below address) * \$25 fee for returned checks

_____ Credit Card: ___ VISA ___ MC ___ AMEX

CC#: _____ CSV#: _____ (3 digit code)

Exp. Date: _____ Name on card: _____

Authorized Signature: _____

Mail to: NFLPN • 605 Poole Drive • Garner, NC 27529

Phone: (919) 779-0046 - Fax: (919) 779-5642 • nflpn@mgmt4u.com • www.nflpn.org

You can fax in your registration if paying by credit card

Staff use: Amt paid: _____ Check #: _____ Recd: _____ CC processed: _____