

Care of the Mechanically Ventilated Patient for the Novice Critical Care Nurse



- Target :** Nurses responsible for caring for critically ill patients. **Note*** Critical Care Interns are **required** to attend 1 session
- Purpose:** The purpose of this program is to provide novice Critical Care Nurses with the knowledge and skills necessary to assess and manage the care of the mechanically ventilated patient.
- Location:** Health First Center for Learning, Rivercrest
- Date/Time:** **Friday, March 16, 2012** **8:30AM-10:30AM**
Tuesday, July 31, 2012 **8:30AM-10:30AM**
Monday, December 10, 2012 **8:30AM-10:30AM**
- Speaker:** Paul Tirelli, RRT Clinical Specialist
- Cost:** No cost to Health First Associates; \$25.00 for non-Health First associates.
- Credit:** This program has been approved by Florida Board for **2.0 contact hours** of continuing education credit. Provider: Health First Center for Learning, Provider Number NCE 2046

Confirmation: Available through self-service People Soft HRMS ([Home](#) > [Self Service](#) > [Learning and Development](#) > [Training Summary](#)) . Please allow 3 business days before confirming your registration. For more information, contact Linda Keller at (321) 434-1963 or Angelika Warren (321) 434-1977 or email at angelika.warren@health-first.org
Fax Registration to: 321-254-5151.

Registration: Mechanical Ventilation
 Registration deadline: 3 days prior to program date

Select the class you will attend: **Mar 16, 2012** _____ **July 31, 2012** _____ **Dec 10, 2012** _____

Name		Title	
Mailing address		License #	
City, state, zip		Phone H	W
Employment facility/unit		User ID:	
E-mail			

Cancellation/Fees: By signing this registration form I acknowledge that if I cancel my registration, I must do so at least 48 hours before the program begins. If this program is of no cost to me and I do not cancel 48 hours in advance, a \$10 fee will automatically be deducted from my paycheck.

Signature (Required) _____

*Compliance with Health First dress code is expected.

OFFICE USE ONLY: NO SHOW FEE \$10.00			
Authorized by: _____	54 CFL – Revenue	050 600002 6400	
Date: _____	55 CFL – Sponsorship	050 765830 6400	