

Palliative Care & Hospice Nursing Assistant Review: CHPNA Exam Preparation

Virtual Workshop

11/1 | 6:00 am – 1:30 pm

Continuing Education

Attendance for the entire program is required to earn Contact Hours. A copy of the completed Continuing Education Certificate must also be submitted. This program will provide **6 contact hours to RNs and LPNs.**

Ohio Council for Home Care and Hospice is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

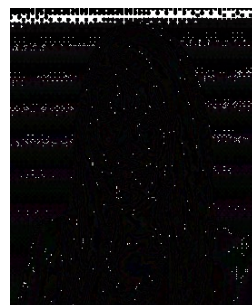
Overview

During this workshop, to refresh the student with material aligning with the test plan in preparation for taking the Certified Hospice & Palliative Nursing Assistant (CHPNA) certification examination given by the Hospice & Palliative Credentialing Center (HPCC).

Program Objectives:

- Overview of Hospice and Palliative Care Nursing Assistant Practice
- Review Nursing Assistant role in pain and symptom management
- Discuss ethical issues in Hospice and Palliative care
- Discuss the importance of communication with patients, families and care providers
- Review cultural considerations
- Discuss spiritual care, loss and bereavement in hospice care
- Review care at the end of life
- Discuss Nursing Assistant personal and professional development

About the Presenter



Kathy Royer, RN, MBA, DMin, CHPN, CHPCA, CEHCH is the hospice regulatory director for the Ohio Council for Home Care and Hospice. She is a registered nurse with more than 23 years of experience in hospice. She served as a corporate division director with a demonstrated history of improvement in quality scores. She has expertise in hospice and hospital environments. Kathy is skilled in corporate leadership development, operations management, regulatory consultation, coaching, Palliative Care, team building, and as a cultural change agent.



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Registration Instructions

Use a separate registration form for each attendee registration; photocopies of the original form are acceptable. **A registration may not be split between individuals.**

Registrations will not be accepted without payment in full. Fees must be paid in full in order to participate.

Cancellation Policy: All cancellations must be made in writing. No refunds for cancellations or exchanges within four business days from the date of the program. If due to unforeseen circumstances OAHC must cancel this event, you will receive a full refund.

Individuals requiring special arrangements as stated in the Americans with Disabilities Act, should notify OAHC at least 48 hours prior to the program.

The presenters and planners have declared no conflict of interest for this program and will present fairly and without bias. No commercial support has been provided for this program.



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Registration Form

Please complete the following information and mail or fax it to OAHC with payment.

Name: _____ Title: _____

Agency: _____

Address: _____

City _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Make Your Selections:

___ **OAHC Member:** \$99

___ **NON-MEMBER:** \$199

Payment Information

Visa MasterCard Check (made out to: OAHC)

Name on Card: _____

Card Number: _____ Amount: _____

Exp. Date: _____ Security Code: _____ Date: _____

Signature: _____

Fax completed form with payment to 877-458-8348 or Mail to OAHC, 1249 Commercial St. SE, Salem, OR 97302.

Questions? Contact Brandy Sweet at bsweet@oahc.org