

NURSING EDUCATION DAY

APRIL 2, 2008

**PLEASE FORWARD REGISTRATION AND PAYMENT
DIRECTLY TO THE ADDRESS LISTED ON THIS FORM
DO NOT INCLUDE WITH CONVENTION REGISTRATION**

NEW JERSEY LEAGUE FOR NURSING

April 2, 2008 8:00 a.m. – 4:00 p.m.

**A Regional Workshop for Nurse Educators
“Evidence Based Teaching for Clinical & Academic Educators”**

SPEAKER:

Judith A. DePalma, PhD, RN, Associate Professor Slippery Rock University, Pittsburgh, PA,
and Professor at Rocky Mountain University of Health Professions, Provo, UT.

PROGRAM OVERVIEW:

Evidence-based teaching requires an educator to present content and skills based upon the most current evidence. The evidence-based decision making process must also be taught and role-modeled by the educator. From the perspective of the learner the evidence-base must be obvious. This workshop is intended for academic and clinical educators who are redefining their teaching as evidence-based. The focus will be on transitioning current content presentation and classroom and clinical assignments to an obvious evidence-based approach. Hands-on group work will involve addressing possible revisions of content presentation, handouts, and assignments (classroom and clinical) that participants are currently using and have brought to the session. Presenter-developed guidelines for the development and evaluation of evidence-based teaching and assignments will be used in the exercise.

6.75 Continuing Nursing Education Contact Hours –

Can be applied to minimum continuing education requirement for biennial license renewal for New Jersey nurses.

**PRE-REGISTRATION IS REQUIRED.....REGISTER BY FEBRUARY 29TH TO SAVE!!
DEADLINE: MARCH 15, 2008 – NO REFUNDS**

PLEASE PRINT:

Name: _____

Home Address: _____

(Street) (City) (State) (Zip)

Day Phone: _____ E-mail: _____

	<u>Prior to 2/28/08</u>	<u>After 2/28/08</u>
<u>COST:</u> NJLN Member	\$ 145*	\$ 170*
Non-member	\$ 175	\$ 200

***GROUP DISCOUNT: Discount eligibility applies to 3 or more individuals who register at the same time, with one payment in full may take the NJLN Member rate @ \$145 or \$170 per person. A separate Registration Form must be completed for each person.**

Charge \$ _____ to: VISA MASTERCARD AMERICAN EXPRESS

ACCT # _____ EXP. DATE: _____ CODE # ON BACK of CARD: _____

NAME ON CARD: _____ SIGNATURE: _____

NJLN will host a reception at the conclusion of our program for Nurse Educators to develop strategies to support the recruitment and retention of educators. Please join us to add your voice in the discussion of ideas, suggestions for future programs and networking with your colleagues. Please indicate if you will attend: () Yes () No

**Make checks payable to: “NJLN” Register with credit card by: Fax: 908-789-0727 (or) Phone: 908-789-3398
Please mail registration form and full payment to: NJLN, PO Box 165, Garwood, NJ 07027**