

## **INTRODUCTION**

The Emergency Nursing Pediatric Course (ENPC) is a one-and-a-half-day course developed by the Emergency Nurses Association to present a firm foundation in emergency pediatric care patient care.

Verification of successful course completion is based on passing the written exam and the psychomotor skills station. Verification is valid for four years.

## **PRE-REQUISITES**

Participants must be an RN and possess a current unrestricted nursing license to receive verification.

It is preferred that participants have at least six months of clinical nursing experience in an emergency care setting before attending the course. It is assumed that the course participant possesses generic nursing knowledge, has an understanding of emergency care terminology, and has familiarity with standard emergency equipment.

**Pre-course preparation is essential. This includes completing the online modules and studying the 6th edition ENPC Provider manual.**

**Email address is REQUIRED to complete on-line modules and for course confirmation.**

## **COURSE AGENDA**

Day One: 0800 – 1630

Day Two: 0800 – 1200

**(Times are approximate and are subject to change)**

The full course agenda will be enclosed with your course materials.



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

The Emergency Nurses Association is approved by the California Board of Registered Nursing, Provider #2322.

This 6th edition ENPC provider course has been approved for 18.25 contact hours for RNs.

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## **ADA STATEMENT:**

In accordance with the ADA, please advise us whether you are a person with a disability and require other materials and/or services so that appropriate personnel can be advised.

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## **FACULTY DISCLOSURE STATEMENT:**

All faculty participating in continuing education activities sponsored by **Emergency Nurses Association** are required to disclose to the audience any relevant commercial relationships, and/or non-FDA approved use of a drug or a device that is included in the presentation.

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## **REGISTRATION**

**Pre-registration is required.**

Participant seats are limited based on instructor- to-student ratios. Seats will be assigned to paid registrants in the order registration fees and materials are received.

## **HOW DO I REGISTER?**

**Complete the ENPC Registration Form.  
Mail/Fax/Email registration & payment to:  
Health Education Strategies, LLC  
11460 Telegraph Rd  
Taylor, MI 48180  
Fax: 734.250.7951  
Email: [healthedst@gmail.com](mailto:healthedst@gmail.com)**

## **COURSE LOCATION**

Health Education Strategies LLC  
Training Site  
11460 Telegraph Rd  
Taylor, MI 48180

## **COURSE FEE**

The fee for the 2-day course is:  
**\$355.00.** Fee includes the 6<sup>th</sup> Edition ENPC Student Manual.

## **CANCELLATION/REFUND POLICY**

**NO REFUNDS.** Course fee may be applied to a future course within 6 months of original course dates. An additional \$100.00 rescheduling fee will apply.

## **FOR FURTHER INFORMATION CONTACT:**

Marilyn Enriquez, Course Director  
Health Education Strategies LLC  
Office: 734-288-3050  
Fax: 734-250-7951  
Email: [healthedst@gmail.com](mailto:healthedst@gmail.com)

**6<sup>TH</sup> EDITION ENPC  
REGISTRATION FORM  
Course Fee - \$355.00**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP/POSTAL CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

OTHER CELL/PAGER \_\_\_\_\_

EMAIL (*MANDATORY*) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DEPT \_\_\_\_\_

Office Use Only

Amt Pd: \$ \_\_\_\_\_

Credit Card    Cash    Check    M.O.

#: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

Invoice#: \_\_\_\_\_

Email Date: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (Month/Year) \_\_\_\_\_

Security Code  
(3 or 4 digits)

\$ \_\_\_\_\_

Amount Authorized \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Billing Address \_\_\_\_\_

I agree to pay the above authorized amount according to  
card issuer agreement.

Cardholder Signature \_\_\_\_\_

Cardholder Email Address \_\_\_\_\_

Office Use Only

Materials Provided:

ENPC 6<sup>th</sup> Edition Provider Manual

Letter/Agenda/Map

ENPC Workbook

Student Notice

Pre-Course Modules Directions

Paid Invoice Email Date: \_\_\_\_\_

Mail USPS PM    Office Pick Up

Date: \_\_\_\_\_

Has Manual/Paper Materials via Email

Date: \_\_\_\_\_

Student ENA Registration Email Sent

Date: \_\_\_\_\_

**EMERGENCY  
NURSES  
ASSOCIATION**  
**Emergency Nursing  
Pediatric Course  
6<sup>th</sup> Edition  
2024**

Please Choose Date Below

**March 4 & 5**

**May 9 & 10**

**July 25 & 26**

**September 23 & 24**

**November 18 & 19**

**Health Education Strategies LLC  
Training Site**

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Taylor, MI 48180**