

## COURSE AGENDA

### DAY ONE

0730 Start  
1730 Dismissal

### DAY TWO

0730 Start  
1200 Dismissal

**UPON COMPLETION OF DAY 2,  
YOU WILL RECEIVE AN EMAIL  
FROM THE ENA WITH ACCESS  
TO THE ONLINE EXAM.**

**THE EXAM IS TIMED (2 HOURS)  
WITH 2 ATTEMPTS AT A  
PASSING SCORE OF 80%.**

**ENPC 5<sup>TH</sup> EDITION ONLINE  
TESTING MUST BE COMPLETED  
WITHIN 7 DAYS FROM THE  
CLASS END DATE.**

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

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### WHO CAN TAKE THE ENPC?

Any RN interested in improving their pediatric emergency nursing assessment skills. **(The authors recommend a minimum of 6-12 months experience in the emergency setting.)**

**Non-RN Healthcare Providers** who work in an emergency setting may participate in the entire course including Day 2 Testing and do receive a certificate of attendance **only** with the appropriate amount of Nursing contact hours.

**Auditors**, which primarily would be student nurses who do not also work in an emergency setting as a part of their employment. Auditors **cannot** participate in Day 2 Testing. They will receive a certificate of attendance **only** with the appropriate amount of Nursing contact hours.

### COURSE PREPARATION

Because this is a course where your knowledge and skills are evaluated, advance preparation is recommended. Prior reading of the lectures is strongly recommended, paying particular attention to Initial Assessment Chapter #4 and the Skill Stations.

### CONTACT HOURS

All RN participants who complete the two day course will receive **15.58** CE Hours from the ENA. Participants must complete all skills stations and lectures to receive ENPC Provider verification cards from the ENA.

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ADA (Americans with Disabilities Act) statement: "In accordance with the Americans with Disabilities Act, please advise, Course Director, Marilyn Enriquez, if you have any disability that requires special materials and/or services so that appropriate personnel can be advised."

### 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.

## COURSE LOCATION

Sinai Grace Hospital  
Lourdes Building - 7<sup>th</sup> Floor Room 749  
6071 West Outer Dr  
Detroit, MI 48235

### COURSE FEE

The fee for the 2-day course is: **\$320.00**. Fee includes the 5<sup>th</sup> Edition ENPC Student Manual.

### REFUND POLICY

**NO REFUNDS.** Fee may be applied to a future course with an additional **\$75.00** rescheduling fee.

### 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)**

### 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)

**2020 ENPC  
REGISTRATION FORM**

(Please Check Course Date)

- April 6 & 7     July 6 & 7
- August 3 & 4     October 5 & 6
- December 7 & 8

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

WORK PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DEPT: \_\_\_\_\_

ENA Membership# \_\_\_\_\_

**Course Fee: \$320.00**

Make Check/Money Order Payable to:  
Health Education Strategies, LLC

**WE ACCEPT  
VISA/MASTERCARD/DISCOVER CREDIT  
CARD PAYMENTS**

Card Number: _____	
Expiration (Mo/Yr): _____	
Total Amount Authorized: _____	Security Code: _____ <small>(Located on Back of Card next to Signature Line. Usually 3 or 4 digits.)</small>
Cardholder Name: _____	
Cardholder Billing Address: _____	
I agree to pay above amount according to card issuer agreement.	
Cardholder Signature: _____	

<u>Office Use Only</u>
Amt Pd: \$ _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> M.O.
#: _____
Date: _____
Rec'd: _____
Invoice#: _____
Email Date: _____

<u>Office Use Only</u>
Materials Provided:
<input type="checkbox"/> ENPC 5 <sup>th</sup> Edition Provider Manual
<input type="checkbox"/> Letter/Agenda <input type="checkbox"/> Workbook
<input type="checkbox"/> Online Modules <input type="checkbox"/> Student Notice
<input type="checkbox"/> Paid Invoice# _____
<input type="checkbox"/> Mail USPS PM <input type="checkbox"/> Office Pick Up
Date: _____
<input type="checkbox"/> Email Student
Date: _____
<input type="checkbox"/> ENA Registration Email Date: _____

**EMERGENCY  
NURSES  
ASSOCIATION  
Emergency  
Nursing  
Pediatric Course  
5<sup>th</sup> Edition  
2020**

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