

WEBINAR

Case Management of Abnormal Bleeding and Pelvic Pain

Tuesday, June 30, 2009

Time

12:00 pm – 1:30 pm Pacific Time
11:00 am – 12:30 pm Alaska Time
1:00 pm – 2:30 pm Mountain Time
2:00 pm – 3:30 pm Central Time
3:00 pm – 4:30 pm Eastern Time

About the Workshop

Ms. Schnare will present 2-3 challenging cases regarding abnormal bleeding and pelvic pain. Participants will then have an opportunity to call in and share a challenging case to which Ms. Schnare will respond..

Who Should Attend

Clinical Providers (MD, NP, Pac, RN)

Fees

Fee is for phone and computer site. Up to 10+ participants can be on one site with use of LCD projector and conference/speaker phone.

Title X clinic participants: **\$35.00**

Non-Title X clinic participants: **\$55.00**

Registration Deadline: Wednesday, June 24, 2009

Learning Objectives

As a result of this training, participants will be able to:

- Define abnormal bleeding
- Differentiate between uterine and vaginal bleeding.
- Describe appropriate management of pelvic pain

About the Presenter

Sharon Myoji Schnare, RN, FNP, CNM, MSN, FAANP is a clinician currently serving with Planned Parenthood of the Greater Northwest. She has over twenty five years' experience as a family nurse practitioner and is also a certified Women's Health Nurse Practitioner, Nurse Midwife, colposcopist and clinical hypnotherapist. In addition she is a consultant for the Peace Corps, US Public Health Service and Centers for Disease Control and Prevention. In places such as far reaching as Thailand and West Africa, her work has served populations around the world.

Contact Hours: (1.5)

Contact hours for this continuing nursing education activity has been submitted to the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Please contact Karen Dluhosh at the Center for Health Training for more information about contact hours.

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Registration Form

Refunds are not available for cancellations within 48 hours of the event, but substitutions will be honored or credit given for a future event.

Confirmation letter with site locations and directions will be sent one week prior to the workshop.

In accordance with the American Disabilities Act (ADA), CHT would like to make every effort to accommodate participants with special needs. Please inform us of your special needs.

Please make check payable and send to:

1809 Seventh Avenue, Suite 400
Seattle, WA 98101
(206) 447-9538
www.centerforhealthtraining.org
seattle@jba-cht.com

Name: _____

Job Title: _____

Credentials (check all that apply): NP PA CNM MD/DO RN MSW
other: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: _____ Fax: _____

Email: _____

If billing address is different than agency address, please enter billing address below:

Attn: _____

Billing Address: _____

City: _____ State: _____ Zip+4: _____

Fees (check one):

\$35.00 Title X Clinic participants

\$55.00 Non-Title X Clinic participants

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Center for Health Training

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