The School Nurse certification indicates specialization in the care of school-age patients with an emphasis on nursing care and interventions of those specific problems which affect this population. School Nurses are employed by school districts to provide nursing care and medication administration within the elementary and secondary schools, as well as at the collegiate level.

This comprehensive, weekly preparatory program will allow learners to review, study, and practice for the School Nurse Certification Exam over the course of eight weeks. Each week, the lesson will focus on specific topics within the exam content. The attendee will have one week to complete each session and corresponding pre-test, before they are assigned to the next week’s information. The School Nurse Certification Examination Review equips school nurses to increase their knowledge of normal and abnormal findings of the school-age child, strengthen their role as child advocates, and prepare school nurses to work within the confines of the ANA and NASN.

**AUDIENCE**

Participants must be registered nurses with bachelor’s degrees in nursing or an NBCSN-approved, health-related field. Approval is based on a bachelor’s degree or higher in a health-related field relevant to school nursing, including or in addition to a total of six (6) credits for undergraduate or graduate courses in any combination of the following subjects: Management of primary healthcare problems of children and/or adolescents and/or Health assessment of children and/or adolescents, Public health/community health/epidemiology.

**REGISTRATION FEE**

Early registration fees through August 5th. Fee for the full series: $199.00

**COMPETENCIES STATEMENT**

This activity may help you meet your learning plan in the NCBON Dimension of Practice.

**Professional Responsibility**: The licensed nurse is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and comply with the Nursing Practice Act.

**Collaborative Practice**: The licensed nurse maintains safe and effective nursing care, in collaboration with the client, significant others, and other healthcare providers.

**Knowledge-Based Practice**: The licensed nurse is personally responsible and accountable for having the knowledge and skills for safe, competent nursing practice.

**OBJECTIVES**

Upon completion of this knowledge-based activity, the participant will be able to:

- Identify the certification exam content focus areas
- Evaluate areas of personal knowledge deficit related to exam content
- Create a plan for self study based upon identified knowledge deficits
- Locate related resources for further self-study
- Review and practice examples of test-taking strategies

Cutoff date to register on the National Board for Certification of School Nurses website (nbcsn.org) for the November 6-18, 2017 testing window is October 7, 2017.
FACULTY
Kristin Wike, BSN, RN, NCSN, has worked as a Nationally Certified School Nurse since 2007 and as a Regional School Health Nurse Consultant for the NC Department of Health and Human Services, School Health Unit since August 2013. Currently, Kristin provides technical assistance and guidance to school nurses and other school health professionals in all the content areas of the school nurse certification exam.

CREDIT
15.0 CNE Contact Hours
The Mountain Area Health Education Center’s Department of Nursing Education is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
Participants must attend entire activity or activities to receive credit. No partial credit is given for this activity.
MAHEC adheres to the ANCC/ACCME Standards regarding industry support to continuing nursing education. Disclosure of presenters, planners, and commercial support relationships, if any, will be made known at the time of the activity.
CEU: The Mountain Area Health Education Center designates this continuing education activity as meeting the criteria for 1.5 CEUs as established by the National Task Force on the Continuing Education Unit. You must attend the entire workshop to receive CEUs.

REGISTRATION
Early registration fees through August 5th.
Registration fee is $199.00. Registration fee includes administrative costs and educational materials. If registration is received after the deadline, the total fee will be the registration fee + $15.00.
MAHEC has a pay-up-front policy for all CE programs. The only exceptions will be for pre-approved programs where an individual payment plan is appropriate. Registrations received without accompanying payment will not be processed and participants who have not paid the course fee will not be admitted into the program.
Cancellations received at least two weeks in advance of the program date will receive a full refund unless otherwise noted. Cancellations received between two weeks and up to 48 hours prior to the program date will receive a 70% refund unless otherwise noted. No refunds will be given for cancellations received less than 48 hours prior to the program date. All cancellations must be made in writing (fax, mail, or email). Substitutes can be accommodated in advance of the program.

School Nurse Certification Exam Review
August 12 - October 6, 2017

[ ] Updated contact info
Name ____________________________

Credentials ____________________________

Social Security # XXX-XX-______ [last 4 digits required]

Occupation ____________________________

E-mail Address ____________________________

Home Address ____________________________

City __________________ State __ Zip __________

Home County ____________________________

Home # __________________ Work # __________

Employer ____________________________

Department ____________________________

Employer’s Address ____________________________

City __________________ State __ Zip __________

Work County ____________________________

Program announcements will be sent to your email unless you opt out from receiving emails from MAHEC. We never share our mailing lists.

[ ] Please remove my name from the MAHEC mailing list.

Full payment must accompany all registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

[ ] Check is enclosed [ ] Credit card info provided

[ ] Visa [ ] Mastercard [ ] Discover Card [ ] American Express

Account # ____________________________

Exp / Code on back of card

Name on Card ____________________________

Signature ____________________________

Send completed registration form to: # 18NE005/52637

MAHEC Registration
121 Hendersonville Rd., Asheville, NC 28803

Fax to 828-257-4768

Have a question?

Program Planner:
Elaine Alexander, MSN, RNC-OB
elaine.alexander@mahec.net 828-257-4414

Registration Information: 828-257-4475
Fax Registration: 828-257-4768
Online Registration: www.mahec.net registration@mahec.net

Mail: MAHEC Registration
121 Hendersonville Rd., Asheville, NC 28803

FACULTY

The certification exam will be available during the following testing windows in 2017:

• Fall Testing Window: November 6–November 18
The application cutoff date is 30 days prior to the start of the testing window.

After August 5th:
Registration Fee:
[ ] $199.00 [ ] $214.00

Visa [ ] Mastercard [ ] Discover Card [ ] American Express

Account # ____________________________

Exp / Code on back of card

Name on Card ____________________________

Signature ____________________________

Send completed registration form to: # 18NE005/52637

MAHEC Registration
121 Hendersonville Rd., Asheville, NC 28803

Fax to 828-257-4768

Have a question?

Program Planner:
Elaine Alexander, MSN, RNC-OB
elaine.alexander@mahec.net 828-257-4414

Registration Information: 828-257-4475
Fax Registration: 828-257-4768
Online Registration: www.mahec.net registration@mahec.net

Mail: MAHEC Registration
121 Hendersonville Rd., Asheville, NC 28803

FACULTY

School Nurse Certification Exam Review
August 12 - October 6, 2017

[ ] Updated contact info
Name ____________________________

Credentials ____________________________

Social Security # XXX-XX-______ [last 4 digits required]

Occupation ____________________________

E-mail Address ____________________________

Home Address ____________________________

City __________________ State __ Zip __________

Home County ____________________________

Home # __________________ Work # __________

Employer ____________________________

Department ____________________________

Employer’s Address ____________________________

City __________________ State __ Zip __________

Work County ____________________________

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[ ] Check is enclosed [ ] Credit card info provided

[ ] Visa [ ] Mastercard [ ] Discover Card [ ] American Express

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