

CONFERENCES DESIGNED
TO PROMOTE EXCELLENCE
IN NURSING PRACTICE

Continuing Nursing Education
100 Saint Anselm Drive
Manchester, NH 03102-1310

603 641-7086
www.anselm.edu/cne



1 8 8 9

SAINT ANSELM
COLLEGE

CONTINUING NURSING EDUCATION



Stroke Updates across the Continuum

Tuesday, November 12, 2019

8:30 am – 3:30 pm

Gadbois Hall, Saint Anselm College

Contact Hours: 5.5 Fee: \$109

Saint Anselm College is an approved provider of continuing nursing education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Register by:

Mail: Saint Anselm College
Continuing Nursing Education
100 Saint Anselm Drive #1745
Manchester, NH 03102-1310

Fax: 603-641-7089
VISA or MasterCard Required

Phone: 603-641-7086
VISA or MasterCard required

ONLINE: www.anselm.edu/cne
VISA or MasterCard required

Faculty: **Susan Barnard, FNP-BC, CCRN, SCRn**, St. Joseph Hospital, Nashua, NH; **Wendi Guillette, OTR/L, MSM**, Director of Therapy Operations, Encompass Health Rehabilitation Hospital of Concord; **Nicholas Larochelle, MD**, Chair, Emergency Department, Concord Hospital; **Timothy Lukovits, MD**, Dartmouth Hitchcock-Neurology, Lebanon, NH; **Archie McGowan, MD**, Diagnostic Radiology, Portsmouth, NH; **Christina Swanberry, MSN, RN, CCRN-K, SCRn**, Stroke Program Manager, Concord Hospital

This program will cover such topics as overview of strokes, stroke/neuro assessment, new AHA/ASA guidelines, stroke treatments, primary and secondary stroke prevention, neuroplasticity and technological advances in rehab.

[Register online](#)

Stroke Updates across the Continuum

Tuesday, November 12, 2019

NAME (please print clearly, or type) _____

CREDENTIALS _____ PHONE (_____) _____

HOME ADDRESS _____

CITY & STATE _____ ZIP (essential) _____

☐ CHECK TO RECEIVE E-MAIL CONFIRMATION

☐ CHECK TO RECEIVE SAC-CNE NEWSLETTERS VIA E-MAIL. Your e-mail address will not be sold or given to any third party.

E-MAIL _____

EMPLOYING AGENCY _____

ADDRESS _____ PHONE (_____) _____

CITY & STATE _____ ZIP (essential) _____

METHOD OF PAYMENT

☐ CHECK ENCLOSED, made payable to **Saint Anselm College**, in the amount of \$ _____ ☐ PURCHASE ORDER # _____

☐ I AUTHORIZE THE USE OF MY CREDIT CARD: ☐ VISA ☐ MASTERCARD ACCOUNT # _____

AMOUNT AUTHORIZED: \$ _____ EXP. DATE: _____ SIGNATURE _____

OFFICE USE ONLY DATE REC'D _____ AMOUNT REC'D _____ FORM OF PYMT: PCH ACH VI MC