

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



## *Clinical Faculty Development Workshop*

**Wednesday, August 21, 2019**

**8:30 am – 3:00 pm**

Gadbois Hall, Saint Anselm College

Contact Hours: 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](http://www.anselm.edu/cne)  
VISA or MasterCard required

**Faculty: Kimberly Silver Dunker, DNP, RN**

Associate Professor/Faculty, RN to BS Nursing Coordinator  
Worcester State University, Worcester, MA

The purpose of this workshop is to explore practical strategies to coordinate clinical learning experiences in the ever-changing healthcare environment.

This program is ideal for RNs who want to learn to teach clinical and as well as experienced faculty mentoring clinical adjunct or new clinical faculty.

[Register online](http://www.anselm.edu/cne)

---

### **Clinical Faculty Development Workshop**

**Wednesday, August 21, 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