

22nd ANNUAL NE WOMEN'S HERBAL CONFERENCE

The Nurses Path for CNE

This year we are offering Continuing Nurse Education Hours over the 3 Day Conference which could maximally equal 12 hours if you attend one class per time slot and complete all necessary requirements/documents. The classes have been preceded with an N# on the Schedule, and there are 1 or 2 choices during each time slot; each class is worth 1.5 CNE's. The fee for CNE's is \$120, payment and registration requested prior to start of Conference.

"Application for approval of continuing nursing education contact hours has been submitted to the American Holistic Nurses Association's Education Approver Committee, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation"

"Approval for contact hours through the AHNA is based on an assessment of the educational merit of this program and does not constitute endorsement of the use of any specific modality in the care of clients."

The process for earning CNE's during the conference is you will receive at Registration the schedule listings and outlines. **Upon arrival to the class you must sign in on attendance sheet by printing and signing your name, and documenting your State and License number or SSN. During the class you will be given an evaluation form that must be completed related to the class content and ability to meet objectives. Evaluation forms need to be returned to Presenter, Aide or Assistant during this class; or to the Nurse's Path representative at the Registration Booth on the day of the class, last submission time for Sunday's Classes is 1:15 pm on Sunday August 23rd.** Certificates of Completion will be distributed after 3:00pm on August 23, 2009 once all required documents are received and reviewed at the Registration Booth. Attendees will only receive contact hours for those classes that they signed in for and completed evaluation forms; **there is no reimbursement for not attending designated classes.**

Registration for Nurse's Path

Name _____ State and License # or SSN _____

Address _____ City _____ State _____ Zip _____

Please return with \$120 fee for CNE's payable to WHC by July 30, 2009.

Mail to WHC, P.O. box 420, East Barre, VT 05649