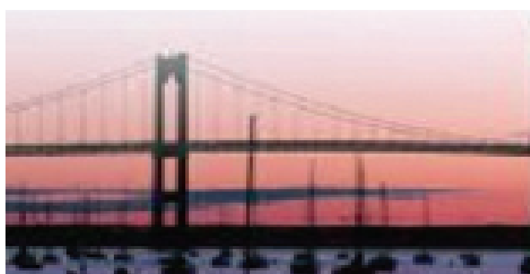
Network Coordinating Council Presents

Conflict Resolution Training

Decreasing Patient/Provider Conflict
March 21, 23, 28, 30 & April 20



Decreasing Conflict
&
Building Bridges

Cedar Rapids, IA
March 21
Crowne Plaza Hotel

Wichita, KS
March 28
Sheraton Four Points
Wichita Airport

St. Louis, MO
March 23
Holiday Inn Select
Downtown

Omaha, NE
March 30
Doubletree Hotel &
Executive Mtg. Ctr.

Kansas City, MO
April 20
TBA

THIS CONTINUING NURSING EDUCATION ACTIVITY WAS APPROVED FOR 7.2 CES BY THE AMERICAN NEPHROLOGY NURSES' ASSOCIATION (ANNA), AN ACCREDITED APPROVER BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION (ANCC-COA). PROVIDER APPROVED BY THE CALIFORNIA BOARD OF REGISTERED NURSING, PROVIDER NUMBER CEP 00910 FOR 7.2 CES. CALIFORNIA LICENSEES MUST RETAIN THIS DOCUMENT FOR 4 YEARS. LICENSEES ARE RESPONSIBLE FOR BEING AWARE OF THEIR STATES PROCEDURES & REQUIREMENTS.

D DECREASING
DIALYSIS
P PATIENT
PROVIDER
C CONFLICT

Print & return registration form along with payment to:

Network #12 - ATTN DPC
7505 NW Tiffany Springs Pkwy, #230
Kansas City, MO 64153

REGISTRATION FORM
Fill in one on-line form per participant please

Group discount is for staff coming from the same unit (Medicare provider number) not the same umbrella of units.

Check the applicable box below:

- ☐ Licensed Participant Registration *$29.00* **each** *- first 3 licensed staff members - same unit*
- ☐ Each Additional Licensed Participant (after 3) *$19.00* **each** *additional licensed staffmember - same unit*
- ☐ ANY Unlicensed Participant Registration (regardless of # of licensed participants)*$19.00* **each** *- same unit*
- ☐ On-Site Registration* *$39.00 Licensed staff member, $ 29.00 Unlicensed staff member,* no group discount available
  (Registration **NOT ACCEPTED** without payment)*
- ☐ Check Enclosed (Payable to Network #12)
- ☐ Specify Dietary, Mobility, or Other Needs: ______________________

NAME ____

NAME & CREDENTIALS ______________________________________
(AS YOU PREFER ON YOUR NAMETAG)

FACILITY NAME ___________________________ PROVIDER # ________________

FACILITY ADDRESS ______________________________________

CITY, STATE, ZIP: ______________________________________

PHONE: ___________________________ FAX: ___________________________

EMAIL: ____

LOCATION: CEDAR RAPIDS ST. LOUIS WICHITA OMAHA KANSAS CITY

NETWORK 12
ESRD Network #12
7505 NW Tiffany Springs Pkwy, Ste 230
Kansas City, MO 64153

D DECREASING
DIALYSIS
P PATIENT
PROVIDER
C CONFLICT

Return Immediately!!
Register by March 15, 2006!

THIS CONTINUING NURSING EDUCATION ACTIVITY WAS APPROVED FOR 7.2 CES BY THE AMERICAN NEPHROLOGY NURSES' ASSOCIATION (ANNA), AN ACCREDITED APPROVER BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION (ANCC-COA). PROVIDER APPROVED BY THE CALIFORNIA BOARD OF REGISTERED NURSING, PROVIDER NUMBER CEP 00910 FOR 7.2 CES. CALIFORNIA LICENSEES MUST RETAIN THIS DOCUMENT FOR 4 YEARS. LICENSEES ARE RESPONSIBLE FOR BEING AWARE OF THEIR STATES PROCEDURES & REQUIREMENTS.