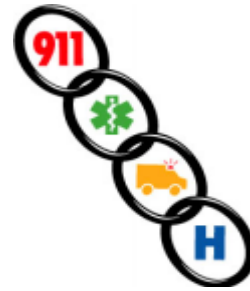


Advanced Stroke Life Support (ASLS) Trainer Course



Tuesday, April 15, 2008

Moses Cone Hospital
1200 N. Elm Street
Greensboro, North Carolina

Tuesday, April 22, 2008

Northwest AHEC
Medical Center Boulevard
Winston-Salem, North Carolina

Thursday, April 24, 2008

Area L AHEC
1631 S. Wesleyan Boulevard
Rocky Mount, North Carolina

Registration: 8:30 a.m.
Program: 9:00 a.m. ó6:00 p.m.

Jointly Sponsored by:



**The North Carolina Collaborative
Stroke Registry**

www.ncstrokeregistry.org



In cooperation with The EMS Stroke Toolkit Project



NCDHHS

Division of Public Health
Heart Disease & Stroke Prevention Branch
1915 Mail Service Center
Raleigh, North Carolina 27699-1915

PROGRAM COORDINATOR

Alice J. Schenall, MPH, CHES, RHED
Director óAllied, Dental, and Public Health Education
Area L AHEC

FOR QUESTIONS CALL:

Ms. Sylvia Coleman
The North Carolina Collaborative Stroke Registry
(336) 294-1616

NOTE: Scholarships are available for participants needing assistance with travel and overnight accommodations. Call Ms. Sylvia Coleman at the above number for more information.

TARGET AUDIENCE

This program will benefit EMS employees, nurses, and physicians who provide stroke care.

PROGRAM PURPOSE

This program will share information regarding stroke as it relates to early recognition and notification, quality management, protocol for stroke patients, and tools for assessment.

PROGRAM OBJECTIVES

At the conclusion of this program, participants will be able to:

- ◆ Describe early treatment in suspected cases of stroke
- ◆ Demonstrate tools for assessment and intervention
- ◆ Illustrate the importance of a systems approach to care
- ◆ Cite basic stroke facts and rationale for urgent care
- ◆ Demonstrate understanding of instructor as facilitator in course delivery

EDUCATIONAL PLANNING BY AREA L AHEC

CREDITS

CEUs: This program has been approved for **0.8** units of continuing education credit. Area L AHEC has been reviewed and approved as a Certified Provider of continuing education and training programs by the International Association for Continuing Education and Training.

Participants must attend the entire session to receive credit.



SPECIAL REQUEST

Space is limited for this program. If after registering you find that you will be unable to attend, please call Brenda Boykin, Area L AHEC, at (252) 972-6958 so that your space can be offered to someone else. Please try to let us know one week in advance.

INSTRUCTORS

Alan Thompson, NREMT-P, TEMS
ASLS Level II NCOEMS Instructor
Assistant Director of Cabarrus EMS

Lynn Stevens, RN, BSN, CEN
Stroke Coordinator
Forsyth Medical Center

AGENDA

8:30 a.m.	Registration
9:00 a.m.	Stroke Facts & Rationale for Urgent Care
10:00 a.m.	MEND/Stroke Syndromes & Mimics
10:30 a.m.	Break
10:45 a.m.	MEND/Stroke Syndromes & Mimics (cont.)
12:15 p.m.	Lunch (provided)
12:45 p.m.	Stroke Management: Pre-hospital & Emergency Department
2:15 p.m.	Video Case Scenarios
3:15 p.m.	Break
3:30 p.m.	MEND Exam Practice Session
4:30 p.m.	Interactive Review
5:00 p.m.	Course Administration for Instructors Post Test/Evaluations
6:00 p.m.	Adjourn

NOTE: If you require reasonable accommodations for a disability in order to participate fully in this continuing education activity, please contact 0419, no later than 14 days before the activity.



REGISTRATION FORM

Advance Stroke Life Support Trainer Course

For NC Residents Only

(Check which training you will attend.)

April 15 __ April 22 __ April 24 __
Event #22924 Event #23018 Event #22925

Last Name: _____ First Name: _____ MI: _____
 Last 4 digits of SS#: ____-____ Degree(s): _____
 Discipline (Please circle only one discipline): Public Health Allied Health Aging Nursing Mental Health Pharmacy Medicine Other _____
 Specialty/Position: _____ Occupation: _____
 Employer: _____ Department: _____
 Employer Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Work Phone: _____
 Home Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Home Phone: _____
 E-Mail: _____ Prefer mail at: ____ Office or ____ Home
 Type of Credit: CEU ()

NOTE: To update our computer records, all of the above information is needed. Registration for this program may be made via mail, fax, or phone.

TO REGISTER, detach this portion and mail to Area L AHEC at the following address:

Brenda Boykin Area L AHEC Post Office Drawer 7368 Rocky Mount, NC 27804-0368 Telephone: (252) 972-6958 Fax: (252) 972-0419	Discipline: Public Health Registration fee: no charge
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Signature: _____

NOTE: Pre-registration is strongly encouraged to allow optimal preparation for the program. All early registrations should be received in this office no later than one week prior to the program. Unforeseen circumstances may necessitate speaker substitution or program cancellation. If Area L AHEC cancels the program, all registrants will be notified.

Please bring a jacket or sweater to ensure your comfort.
We cannot assure a constant room temperature.