



## Pennsylvania Association of Directors of Nursing Administration Long Term Care (PADONA)

### Establishing an Effective Wound Care Program

Course is focused on review of skin integrity, wound care prevention and assessment process and correlation to performance measures plus legal and regulatory implications of acquired wounds, as well as the documentation to ensure compliance with regulatory requirements.

**Wednesday, August 28, 2024**

**8:00 am until 11:15 am**

**Virtual Education**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

(Please print clearly)

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Professional License Number: \_\_\_\_\_

**Registration Fee : \$80 Members and \$95 non-members**

**Registration will close 3 pm August 27, 2024**

**Please advise us of any cancellations prior to the start of the program.**

3.0 Nursing Continuing Professional Development contact hours will be provided after completion of an online program evaluation which includes submission of your license number and inclusion of the correct beginning and ending codes and attendance at each full education session (break is included).

PADONA is an approved provider of Nursing Continuing Professional Development contact hours by Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

\*Neither the nurse planner nor the educator have a relevant financial relationship with an ineligible company.

Forms to be submitted via email at [luann@padona.com](mailto:luann@padona.com).

# PADONA / LTC

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## CREDIT CARD AUTHORIZATION FORM

Please complete the following Credit Card Authorization in order to allow us to process your payment.

I authorize PADONA/LTC to bill my valid credit card immediately for the item noted below.

Payment Information:

Name as it appears on credit card: \_\_\_\_\_

Type of credit card:     AMEX     Discover     MasterCard     VISA

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_      Security Code: \_\_\_\_\_

Amount to be charged to card: \_\_\_\_\_

For: \_\_\_\_\_

E-mail address where receipt will be sent: \_\_\_\_\_

Name: \_\_\_\_\_      Date: \_\_\_\_\_

(Print)

Signature: \_\_\_\_\_

(Your credit card information will be used only as necessary to process payment and will not be shared with any other party except as may be required by law.)

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Your form may be e-mailed to [luann@padona.com](mailto:luann@padona.com) or faxed to 856-780-5149.