

New Jersey State School Nurses Association
presents



A Program for School Nurses
Saturdays at 2 sites statewide

8:00am – 1:00 pm

Registration and continental breakfast 7:30-8:00 a.m

September 28, 2013: Burlington County Emergency Services Training Center - 53 Academy Dr., Westampton, NJ 08060

October 26, 2013: Middlesex County Fire Academy - 1001 Fire Academy Dr., Sayreville, NJ 08872

• **S.E.T.T.SM** : Effective management of school emergencies where there are mass casualties requires careful training, preparation, and planning to maximize effectiveness under less than optimal conditions. The school nurse coordinates the collection of information from a variety of sources to develop emergency plans. Emergency response plans require coordination with school administrators, staff, and other community first responders. This program equips the school nurse with knowledge to develop and lead school First-Aid teams

• **Description:**

S.E.T.T.SM is an educational program developed by the National Association of School Nurses. Course materials include a S.E.T.T.SM Participant manual to enable school nurses to teach triage to lay persons in their schools
4.5 CNE Contact Hours are provided.

• **Registration:** *Form with complete payment must be received by, Wednesday, September 11, 2013 for Burlington venue and by Wednesday, 10/2/13 for Middlesex venue. Limited seating No on-site registration. No refunds. No purchase orders Confirmation of registration will be sent via email. Contact: Judy Crocco for questions at 201-851-1782 or mjcrocc@aol.com. Costs subsidized by NJSSNA
The National Association of School Nurses, Inc. is accredited as a provider of continuing education by the American Nurses Association Credentialing Center's Commission on Accreditation.*

Please detach this portion, complete and return along with check/money order to:

New Jersey State School Nurses Association – ATTN: NJSSNA: SETT Program
1479 Pennington Rd., Trenton, NJ 08618

Cost: \$30 Members only NASN/New Jersey State School Nurses Association NASN ID# required _____ .

Select date and venue: 9/28 Burlington 10/26 Middlesex

Payment includes: S.E.T.T.SM participant manual, continental breakfast and 4.5 CNE Contact Hours

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Email Address (REQUIRED): _____