National Association of School Nurses

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION
LEADERSHIP ▪ COMMUNITY ▪ SERVICE

H.A.N.D.S.℠

HELPING ADMINISTER TO THE NEEDS OF THE STUDENT WITH DIABETES IN SCHOOL

A Program for School Nurses
Monday, October 9, 2017
8:00 – 4:00pm
(Registration 8:00am – 8:30am)
San Luis Obispo County Office of Education
Board Room
3350 Education Drive
San Luis Obispo, CA 93405

- **H.A.N.D.S.℠ Objectives (summarized):**
  1. Summarize current knowledge and guidelines related to diabetes and diabetes management at school.
  2. Identify the school nurse's role in developing and maintaining a student's individualized healthcare plan for safe, effective diabetes management at school.

- **Description:**

H.A.N.D.S.℠ is an educational program developed by the National Association of School Nurses. Course materials include a H.A.N.D.S.℠ Participant manual and numerous resources to support school nursing practice as it relates to diabetes management. A completed evaluation and full day attendance are required for 6.5 CNE contact hours to be awarded.

- **Registration:**

Form with complete payment of $75.00 must be received by, **Monday, September 25th, 2017**. No on-site registration will be available. Confirmation of registration will be sent via e-mail. You may contact *Holly Stoner* for questions at *805-305-8694* or email at: *hstoner@slocoe.org*

National Association of School Nurses is accredited with distinction as a provider of continuing nursing education by the American Nurses Association Credentialing Center's Commission on Accreditation.

NASN National Association of School Nurses — ACCREDITED PROVIDER WITH DISTINCTION, AMERICAN NURSES CREDENTIALING CENTER

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Please detach this portion, complete, and return to:

San Luis Obispo County Office of Education - ATTN: Holly Stoner, School Nurse Coordinator

Workshop participants will receive a H.A.N.D.S.℠ participant manual, lunch*, and 6.5 CNE Contact Hours

Name: ______________________________ Licensure: RN☐ Other:________________

Address: ______________________________ City/Zip: ______________________________

Email Address (REQUIRED): ________________________ Phone: ________________________

*Please indicate any special dietary needs: If there is an option, do you have a preference between a sandwich or salad? Please indicate: