



**April 24<sup>th</sup> & 25<sup>th</sup> 2024**

**Day 1 - 8:00am-5:30pm      Day 2 – 8:00am-1:00pm**

**Janice B. Fisher Education Center at IU Health Ball Memorial Hospital  
221 N. Celia Avenue, Muncie, IN 47303  
(located across the street from hospital)**

## INTRODUCTION

70% of pediatric emergencies are treated in emergency departments that care for fewer than 5,000 children per year. ENA strives to equip every emergency nurse with the knowledge and assessment skills necessary to recognize a critically ill or injured child and provide stabilizing interventions.

The Emergency Nursing Pediatric Course (ENPC) is a one-and-a-half-day course developed by the Emergency Nurses Association to enable nurses to provide high-quality care for this unique patient population. The goal of ENPC is to improve pediatric patient outcomes by providing nurses with foundational knowledge, skills, and a systematic Pediatric Nursing Process (PNP) to guide patient care.

Verification of successful course completion is awarded after passing the written exam and the PNP psychomotor skills station. Verification as an ENPC Provider is valid for four years.

## REGISTRATION

Registration will be limited. Course fee includes course materials. In accordance with the Americans with Disabilities Act, please advise the course director if you have any disability that requires special materials and/or services so appropriate personnel can be advised.

## COURSE CANCELLATION POLICY

Course registrants should contact the course coordinator by e-mail or phone as early as possible when they find they cannot attend a course, preferably two weeks in advance. Cancellations within 1 week of the course will **NOT** be refunded. The course fee may be transferred to the next available course.

The Emergency Nurses Association is accredited as a provider of continuing education by the American Nurses Credentialing Center's Commission on Accreditation.

## Registration Form

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Manager Name:** \_\_\_\_\_

**Manager Email:** \_\_\_\_\_

Registration and payment **MUST** be received one month prior to the course or arrangements must be made with the course coordinator.

**Course Fee: \$350.00**

**Make Check Payable to: Chapter 448- Emergency Nurses Association**

**Mail to:**  
**Kay Roberts**  
**1705 North Buckeye Road**  
**Muncie, IN. 47304**

**Contact Information:**  
**765-751-5301**  
**kalroberts@iuhealth.org**