LEADING, LEARNING & GROWING AS A NEW NURSE LEADER

November 8, 2018 |12:00 PM—4:15 PM

Course Description:

As a nurse leader, we are charged with running the daily operations of a unit/department, building relationships, managing change, and so much more. Self-awareness and self-discovery are essential to developing the capacity to lead. Recognizing our unique characteristics is one step in growing as a leader.

Join us as we provide insight into the important leadership characteristics that are critical for success. We will explore leadership skills, attributes and behaviors and their impact on professional development and the work environment. Through personal reflections and other interactive engagement, we will discover how to enhance our own professional development while learning creative strategies to lead and grow our staff.

Target Audience:

Registered Nurses that are new in a leadership role or desiring to be in a leadership role.

Faculty:

Pamela Spivey MSN, CCNS, RN-BC

CE Credit:

3.75 CNE Hours

Cost:

$85.00

SEAHEC | 2511 Delaney Ave | Wilmington, NC

Desired Outcome:

Develop leadership skills and methods to improve productivity and effectiveness as a leader to enhance personal and professional growth.

Agenda:

11:15-11:55 AM	Registration & Lunch
11:55 AM—12:00 PM	Announcements and Introduction
12:00—1:00 PM	I'm the Boss Now What
1:00-1:15 PM	Break
1:15-2:00 PM	Show Me Your Leader
2:00-2:15 PM	Fit Break
2:15-3:15 PM	C4 Communication/Connection/ Collaboration versus Control
3:15-4:00 PM	Creating a Confident Leader in You
4:00-4:15 PM	Review and Q&A

REGISTER ONLINE HERE

NHRMC Employees Register Via Instructions in NetLearning

Registration fee: $85

Payment methods: Full payment must accompany your registration. Payment may be in the form of: cash, check (payable to SEAHEC), Visa or MasterCard.

In Person or by Mail: **2511 Delaney Ave.**
Wilmington, NC 28403
By Fax (*credit card only*): **866-734-4405**
Online (*credit card only*): www.seahec.net

Refunds/Cancellations: Notification must be received at least two business days prior to the start date, you may choose one of the following:

- Receive a refund, minus a 30% processing fee;
- Provide us with the name of a substitute who will attend the program in your place;
- Transfer registration to a different SEAHEC program.

If notification is received less than 2 days prior to start date, SEAHEC is unable to process any refund option.

If you have any questions concerning accessibility or special needs assistance, please call 910-343-0161.

Credit:
3.75 CNE Credit Hours
No Partial Credit will be given. Participants must attend the entire program in order to receive credit.

SEAHEC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Disclosure Statement:

South East Area Health Education Center (SEAHEC) adheres to ANCC Essential Areas and Policies regarding industry support of continuing medical education. Commercial support for the program, and faculty relationships within the industry, will be disclosed at the activity. Speakers will also state when off-label or experimental use of drugs or devices is incorporated into their presentations. Participation in an accredited activity does not imply endorsement by SEAHEC or NCNA of any commercial products displayed in conjunction with an activity.

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SEAHEC REGISTRATION FORM

Course Name: Leading, Learning and Growing as a New Nurse Leader Course # N_57162_____ **Registration Fee:** $85

Date: Thursday November 8, 2018

Name: _____

Degree/Cert:_____ Title/Occupation: _____

Preferred e-Mail Address:_____

In order to receive all course notifications and materials, you must create or have an up-to-dated account at www.seahec.net.

Home Address: _____

Home City/State/Zip: _____Home Phone: _____

Workplace/Dept.: _____ Work Phone: _____

Work Address: _____Work City/State/Zip: _____

Payment method (if applicable): □Cash □Check □VISA □MasterCard

Credit Card Account #: _____ Expiration Date: _____

Print Name as it Appears on Card: _____

Cardholder's Signature: _____

Cardholder's Address (if different than above): _____