

**REGISTER EARLY**

**SPACE LIMITED**

This Continuing Education Program is being provided by Sterile Processing University, LLC. (SPU)

SPU established in 2005 to develop and administer sterile processing training programs, Continuing Education and consultation services for Central Service, SPD, OR, Ambulatory Surgery, Physician and Dental office personnel. In addition, educational materials such as textbooks and workbooks have been developed by Sterile Processing University. The educational materials are all based on scientific principles and include all current AAMI standards.

All SPU faculty members are Credentialed in their profession and have extensive experience in teaching, lecturing and have been published numerous times.

Nancy Chobin  
Sterile Processing University LLC  
C/o 59 Allerton Road  
Lebanon, NJ 08833

# **17<sup>th</sup> Annual Processing And Regulatory Issues in Sterilization**

*A Continuing Education  
Program for Personnel  
Performing Decontamination,  
Disinfection  
and Sterilization*

**Saturday, November 4, 2017**

**Co-Sponsored by and held at:**

**Dartmouth-Hitchcock Medical  
Center  
Lebanon, New Hampshire**

**REGISTER EARLY**

**Co-Sponsored by  
Sterile Processing University, LLC**

**REGISTRATION:** The registration fee for this program is \$80 per person. **Registration deadline is October 27, 2017.** Fee includes continental breakfast, breaks, luncheon and handout materials. Registration should be by mail. We cannot guaranty space for door registrants. VISA, AmEx and MasterCard also accepted. Call 908-735-8944 for a credit card form. The form is also available on the Sterile Processing University website: [www.spdceus.com](http://www.spdceus.com).

**CANCELLATIONS:** In order to obtain a refund **you must cancel no later than October 25, 2017 by calling 908-735-8944.** A \$10 Administrative fee will be retained. Sterile Processing University, LLC reserves the right to cancel this program due to insufficient registration. A full refund will be made.

**FACULTY:** Nancy Chobin, RN, CSPM President and CEO of Sterile Processing University, LLC providing consultations to healthcare facilities, SPD policies and procedures, competency assessments, on-line education and study materials for certification examinations. She is the founder/past Executive Director of the Certification Board for SPD. She is a member of AORN, AAMI, SGNA and IAHCMM. Nancy has lectured extensively and been published numerous times.  
Fred Alston is the Eastern Regional Clinical Support Manager, Healthmark Industries, Frasier, MI. He has lectured extensively on numerous topics including water quality.

**CEUs:** This program has been approved for 6.0 contact hours from the CBSPD and IAHCMM. **NOTE: To comply with Certification regulations for CEUs, CEU Certificates will be distributed at the END of the conference. If you must leave before the end of the program, your CEU points will be adjusted.**

## PROGRAM AGENDA

- 7:45 - 8:30AM Registration with Continental Breakfast  
8:30 - 8:40 Welcome  
8:40 - 10:10 “Enhanced Optical Inspection To See or Not to See – That is the Question” *Fred Alston*  
10:10 - 10:30 Break  
10:30 - 12:00 “Low Temperature Sterilization – Do You Have Gas or Are You Just Vaping?” *Fred Alston*  
12:00 – 12:45 PM Luncheon  
12:45 - 2:15 “Are You Ready for a Sterilization Recall?” *Nancy Chobin*  
2:15 - 2:15 - 3:45 Stretch Break  
2:15 - 3:45 “Competencies for Flexible Endoscope Reprocessors” *Nancy Chobin*

**NOTE: Please indicate on the registration form if you need directions to Dartmouth- Hitchcock Medical Center. Register early!**

**NOTE: The Program will be held in Auditorium E&F**

**REGISTRATION DEADLINE is October 27, 2017**

## **REGISTRATION FORM**

*NOTE: This form can be duplicated to register different people*

Please register me for the “Processing & Regulatory Issues in Sterilization” at Dartmouth-Hitchcock Medical Center

**PLEASE PRINT ALL INFORMATION:**

NAME: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

DEPT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Is this your home address? \_\_\_\_\_

CITY: \_\_\_\_\_

ST: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TEL: \_\_\_\_\_  
(Area Code) Ext.

FAX: \_\_\_\_\_  
(Area Code)

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

Check here if directions to DHMC needed: \_\_\_\_\_

Please make checks payable to:  
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Mail to:  
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