

Continuing Education:

CEUs pending approval from the Office of Maternal, Child and Family Health for Nursing through the WV Board of Examiners for Registered Nurses, License #WV1999-0297RN, Social Work through the WV Board of Social Work Examiners, License #490089.

- ☐ Yes, I am a nurse and would like to receive CE.
- ☐ Yes, I am a social worker and would like to receive CE.

Please mail the completed registration form and payment no later than November 20, 2013 to:
Jenny R. Ostien, MS
Coalition Manager
Mountains of Hope
PO Box 6886
Morgantown, WV 26506
304-293-0482



Registration Fee:

Please make checks payable to:
WV Patient Navigation Network and submit check with your registration form.

WVPNN/MOH members: \$25.00
(must be a member prior to registration)
Non-members: \$35.00

Sponsored by The Quality of Life Subcommittee of the Mountains of Hope Cancer Coalition.

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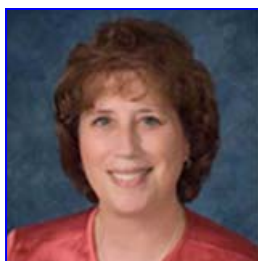
Cancer Survivorship: A Clinical Perspective

Date: December 5, 2013
Time: 9:30am-4:30pm
Location: John XXIII Pastoral
Center, Charleston, WV
RSVP: November 20, 2013



Speaker:

- Joanne Lester, PhD, CRNP, AOCN
Comprehensive Cancer Center
Assistant Professor of
Clinical Nursing
The Ohio State University
- Dr. Lester is currently exploring professional barriers related to personalized cancer survivorship care in Ohio, specifically in counties with minimal or no access to cancer care, including Appalachia. The development of a mentored professional nursing education model may enhance survivorship care across the continuum.
- General Research Interests include cancer survivorship across the continuum, specifically issues experienced by breast cancer survivors. In addition, women at increased risk of breast cancer development, tissue markers relevant to risk status, and adherence to chemoprevention.



Draft Agenda:

8:30-9:30	Registration
9:30-9:45	Welcome
9:45-10:45	Concepts of Survivorship
10:45-11:00	Break
11:00-12:00	Creation of Survivorship Care in Various Settings
12:00-1:00	Lunch
1:00-1:50	Physical and Psychosocial Issues of Cancer Survivors
1:50-2:40	Components of Distress Screening for Symptoms
2:40-2:55	Break
2:55-3:45	Care Settings and Service Quality
3:45-4:00	Wrap-Up/Evaluation

Registration:

Name: _____

Company: _____

Address: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Over _____ →