

**Keystone Chapter and Dogwood  
Chapter present the  
Annual Day of Learning**

**Thursday, November 17, 2022  
ZOOM meeting  
8:55AM – 3:45PM**

**ACTIVITY GOAL**

To explore current issues to nephrology nurses, PCT's, Social Workers, Renal Dietitians, and network with other nephrology professionals. .

**CONTINUING EDUCATION**

This continuing nursing education activity was approved by ANNA Keystone Chapter #110, an accredited approver by the California Board of Registered Nursing (CEP17534).

**PROGRAM**

8:55 - 9:00 Welcome

9:00 - 10:00 **I Believe Neither Blood  
Pressures or Weights**

Christine Chmielewski, MS,  
CRNP, CNN-NP, APRN-BC

10:10 – 11:10 **Making Our Workforce Full  
Inclusive**

Loretta Jackson Brown, PhD,  
MSN, RN, CNN

11:20 - 12:20 **Interview with Kratom:  
Who,What, Where, Why and  
How It  
Impacts Healthcare**

Courtney Smith, BSN, RN, RMT

12:30 – 1:30 **Incredible Edibles – PICA and  
CKD**

Deborah Degree, BSN, RN

1:30 - 1:40 Business Meeting

1:40 – 2:40 **Current and Future State of the  
Nursing Workforce Hard  
Truths**

Lillian Pryor, MSN, RN, CNN

2:40 - 3:40 **PTSD in Healthcare Post  
COVID**

Paula Richards, DNP, RN, CNN

Evaluations will be sent to personal email. Once completed you will be awarded your CH's.

Visit our website at: [www.annakeystone110.org](http://www.annakeystone110.org)  
ANNA site: [www.annanurse.org](http://www.annanurse.org)

**REGISTRATION INFORMATION**

**Deadline:** Thursday November 17, 2022

\$50.00 for 6 CH's or

\$10.00 for individual CH's if you cannot attend full meeting

To register in advance for this meeting go to:

<https://us02web.zoom.us/join/9AwzQBFC1sQetWuMn4Kmkf>

Payments can be made via PayPal at the  
ANNA Keystone Website

<https://www.annakeystone110.org/events>

or

Make a check payable to:

Keystone ANNA Chapter 110

c/o Icar Noel

908 North 64<sup>th</sup> Street

Philadelphia, PA 19151

ANNA Keystone Chapter wishes to thank the corporate vendors for their support.

**For Additional Information**

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Icar Noel

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**REGISTRATION FORM**

Please print information clearly

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

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

**Email address for confirmation:** \_\_\_\_\_

\_\_ ( ) Member - ANNA/NANT ( ) Non-member ANNA

member # \_\_\_\_\_

NANT member # \_\_\_\_\_ ( ) RN ( ) LPN/PCT ( )

Other: \_\_\_\_\_

Total fee: \$ \_\_\_\_\_

Phone: \_\_\_\_\_