TRAINING October 16th, 2018 (Tues.) - Sponsored by OHIO’s DDNA CHAPTERS

Location: 720 OH-97, Bellville, OH 44813 **(Der Dutchman Restaurant)**

***COST: $55.00 DDNA Member***

***$75.00 Non DDNA Member***

*SCHEDULE: 8:15am-8:45am-Registration 8:45am-4:00pm-Training*

*Complimentary Breakfast & Lunch Included with Registration*

 **TOPIC- Investigating Injuries Wearing a Forensic**

**Lens *(This is a Part 2 of 2017, but NOT required to have***

***attended last year).***

## **Speaker**:

 **Daniel J. Sheridan, PhD, RN, FNE-A, SANE-A, FAAN**

 Professor & Director | Forensic Health Care Education,

 Research and Intervention Program

**Dr. Dan Sheridan is a national leader in forensic nursing and has more than 25 years’ experience working with patients who have experienced physical, sexual, and emotional abuse. He frequently provides expert forensic nursing testimony in criminal and civil legal proceedings.**

**Nurses, IA’s, SSA’s, Administrators, Program Managers, all agency personnel: You CAN’T afford to miss this!**

***Presentation will focus on the various bruises, marks, etc. our individuals can endure and how to distinguish differences in order to rule out suspected abuse and neglect.***

***REGISTRATION: (Deadline is 10-5-2018)***

# All participants MUST Pre-Register by Email to: on AllOhioDDNA@Outlook.com with name and email address.

1. *Send CHECK or MONEY ORDER (made payable to NEO DDNA):*

***Come, learn AND gain tools to assist in identifying & preventing abuse and neglect!***

***Kelly Glaze 1139 East Garfield Road Aurora, Ohio 44202***

 *(Sorry, we cannot accept credit cards, PO’s, or cash) Registration is Non-refundable after 10-5-18.*

This offering has pending approval by the Ohio Board of Nursing Approver Unit at the Ohio Department of Developmental Disabilities (OBN-010-93). For additional information contact: Deb Maloy at AllOhioDDNA@Outlook.com

TRAINING: October 16, 2018 (Tues.) - Sponsored by OHIO’s DDNA CHAPTERS Location: 720 OH-97, Bellville, OH 44813 **(Der Dutchman Restaurant)**

**MAIL THIS REGISTRATION FORM:**

NAME: EMAIL:

ADDRESS: PHONE # \_ AGENCY:

CEU’S: RN

LPN

DODD DDNA Member**\_\_\_\_\_\_$55** Non-Member**\_\_\_\_\_\_\_$75**

# THIS FORM WITH CHECK or MONEY ORDER ($55 or $75) MUST BE MAILED AND RECEIVED BY COMMITTEE BY DEADLINE OF 10-5-2018

*My Registration Checklist:*

* 1. *E-mailed registration to* *AllOhioDDNA@Outlook.com*
	2. *Copied and completed registration form*
	3. *Mailed Registration with check or money order by deadline 10-5-18 (no cash, PO or*

 *CC) Made payable to NEO DDNA AND MAIL TO:*

***Kelly Glaze 1139 East Garfield Road Aurora, Ohio 44202***

* 1. *Confirmation of REGISTRATION and PAYMENT received by email*

*SEND QUESTIONS TO:* *ALLOHIODDNA@OUTLOOK.COM*