

Location

The seminar will be held in room 252 on the second floor of the DTC pavilion at Jackson Memorial Hospital located at 1611 NW 12th Avenue. It is also the Civic Center exit of the Metro Rail. Enter through the main north entrance. For directions please call 305-585-1075

There is a fee for parking.

Registration

Please complete the application and mail with \$20.00 (\$30 at the door) to:

Florida Creative Consultants
8741 S.W. 94 Street
Suite #16
Miami, FL. 33176

Instructor

Marilyn Burns Gulley RN, BS, CNOR
Director of Clinical Affairs and Medical Education at **Specialty Surgical Instruments/Symmetry Medical**. She began her healthcare career in Sterile Processing and has worked as a Registered Nurse in the Operating Room, Cardiac Cath Lab, Endoscopy Lab, PACU, Critical Care and other patient care areas in both the hospital and ASC setting. She is an active member of AORN, IAHCMM, Orthopedic Council, AORN Sterilization Specialty Assembly and attends AAMI Sterilization Committee meetings. Marilyn also has lectured and authored many articles and training activities on various topics relating to perioperative services and sterile processing both locally and nationally. In addition to her nursing degree, she holds a Bachelors Degree in Business Administration/Marketing.

AGENDA

7-7:30AMSign in
7:30-8am-.....Introductions

8-10am – ...Instrument Care and Handling Boot Camp-

.....Back to Basics

10-10:15 – Break

10:15-12:15 ..Care and Handling of Challenges.and Solutions

12:15 – 1pm –Lunch

Networking and Vendors Exhibit

1pm-3pm-.....Care and Handling of Rigid Sterilization Containers

3pm.....Issuing of Certificates

OBJECTIVES:

At the conclusion of the program the attendee will be able to:

- Understand the reprocessing of instrumentation
- Understand the safe transportation of all Instrumentation
- Understand the methods of cleaning all Instrumentation
- Understand the Challenges and Solutions to any problems with Instrumentation
- Understand the various methods wrapping and containerizing trays and instrumentation
- Understand the instrumentation process from new and reused to safe for patient use.

Registration for Seminar

Name:						
Home Address:						
City:		FL ZIP				
Institution:				Extension:		
Phone:						
Preference for contact: Work				Home		Phone
Deposit Enclosed: \$						

Website

Sign on and download a flyer or get the latest information at:

www.SPDCreativeConsultants.com

Other subjects which will be discussed during the lunch time break:

- 1-Formation of a new South Florida Chapter of the IAHCSSMM
- 2-Upcoming technician classes for those interested in becoming CRCST
- 3-Upcoming classes for those CRCST's interested in becoming Certified Instrument Specialist (CIS)
- 4-Upcoming classes for those leaders in CS/SPD interested in becoming Certified Healthcare Leaders (CHL)
- 5-Information for those leaders interested in achieving their Fellowship in Central Services (FCS).

Special thanks to **Cesar Acosta**, CRCST for coordinating this program at Jackson Memorial Hospital. We would also like to thank **Linda Burcel**, RN of Specialty Surgical Instrumentation for assisting in providing one of the speakers.

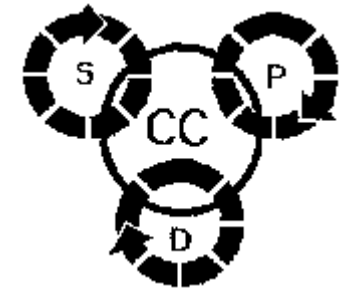
For further information please call:
Creative Consultants at:
305-342-2746 or E-mail us at
Harley824@aol.com

Points and CEU's

6 Contact Hours AORN, AST,
LACET,IAHCSSMM, & CBSPD
Have been approved

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Miami, Florida 33176

Instrumentation Care and Handling Boot Camp for SPD Technicians



Presented by:
Florida
Creative Consultants

Specialty Surgical
Instrumentation

Saturday June 11th 2011
At Jackson Memorial Hospital

Vendor participation application

If you are interested in displaying
at the Seminar on June 11th at
Jackson Memorial Hospital
Cost.....\$50.00
Display times are during the first
Break at.....10:00am
And during the
Lunch break at.....12:15pm

Flyers will be sent out to every
hospital CS/SPD/OR Manager
and CS tech in the Dade,
Broward, and Palm Beach County
areas.

For further information please
contact Harley D Berlant at 305-
342-2746 or Harley824@aol.com

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Registration for Seminar

Name: _____	_____	_____	_____	_____	_____
Company _____	_____	_____	_____	_____	_____
City: _____	FL/ZIP _____	_____	_____	_____	_____
I need a table: _____	I need electricity_ _____	_____	_____	_____	_____
_ Phone: _____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Preference for contact: Work _____	Home _____	Phone _____	_____	_____	_____
Deposit Enclosed: \$ _____	_____	_____	_____	_____	_____