Program Description
Explore the ethical dilemmas and critical challenges health care professionals face in a normal work day. Program includes case studies.

A continental breakfast, snack break and lunch will be provided.

Keynote Speakers
Nancy Berlinger, PhD, research scholar and Deputy Director of The Hastings Center, an independent, nonprofit bioethics research institute
Ray Moseley, PhD, associate professor in Bioethics, Law and Medical Professionalism, University of Florida College of Medicine; Florida Bioethics Network founder

Topics:
Are Workarounds Ethical? The Tension Between Following the Rules and Getting it Done: Nancy Berlinger, PhD
Informed Consent Challenges – Your Duty to the Informed Consent Process: Ray Moseley, PhD
Improving Care Near The End Of Life: What Good Can Ethics Guidelines Do? Nancy Berlinger, PhD
Denialism – Myths and Facts of System Issues in Medical Ethics and Case Studies: Ray Moseley, PhD

Course, Section and Fee
Health care professionals: HHP0335 #4967 - $59
Clergy and FBN: HHP0335 #4966 - $25

Five Ways to Register
1. Call (727) 341-4772.
2. Mail in registration form (address on form).
3. Fax registration form to (727) 341-4197.
4. Online registration at SPCollege.edu/ceu.
5. In person (locations on registration form).

SPC accepts VISA, American Express, MasterCard, Discover, Diner’s Club or JCB.

October 12, 2011
8am-4:30pm
St. Petersburg College,
EPI Center, Room 1-451 - 1-455
13805 58th St. N., Largo, FL
(Use Clearwater for mapping)

Driving Directions
From U.S. Highway 19 N. and Ulmerton Road:
Go east on Ulmerton Road.
Turn left (north) onto 58th Street North

This course is approved for six CE contact hours for Nursing, LCSW, LMFT, LMHC, PT/PTA (FPTA approved) OT/OTA, ALF and Clergy. This is a general CE course for social work and mental health and does not qualify for the “required” Ethics course. SPC is a Florida-approved provider CE Broker #50-2525. In order to receive CEs, you must attend all of the program. There is no partial credit.

St. Petersburg College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at (727) 341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at eaeo_director@spcollege.edu.
Registration Form

Name: Last ______________________________________ First __________________________ M.I. _______ Social Security No. ____________________________

Permanent mailing address: Street ________________________________ City ___________ County _______ State _____ Zip _______.

Telephone: Work/Daytime (______) _____________________________ Home/Evening/Cell (______) _____________________________ Birthdate (optional) ____________________________

Gender (optional) □ M □ F E-mail ____________________________

Information on ethnic origin of students is VOLUNTARY and will not be used for discriminatory purposes. Please check the appropriate box (optional):

□ White Non-Hispanic □ American Indian or Alaskan Native □ Black Non-Hispanic □ Hispanic □ Other □ Asian or Pacific Islander

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REGISTRATION INFORMATION: For online CE Health courses, go to OnlineCE.net. IN PERSON—Go to Registration at the Allstate Center, Caruth Health Education Center, Clearwater, Seminole, St. Petersburg/Gibbs or Tarpon Springs sites. BY MAIL—Send this form with your check or credit card authorization to SPC, CE Health Registration, P.O. Box 13489, St. Petersburg, FL 33733-3489. BY PHONE—(727) 341-4772. BY FAX—(727) 341-4197. (NOTE: NO CONFIRMATIONS ARE SENT.)

PAYMENT INFORMATION: By CHECK/MONEY ORDER: Payable to SPC. DO NOT MAIL CASH.

By Credit Card: □ American Express   □ VISA □ MasterCard  □ Discover □ Diner’s Club □ JCB

Credit Card Number: ________________________________ Expiration Date: __________________

SIGNATURE: __________________________________________ Date: __________________

Refund Information: Refund Requests - Must be made in writing. NO REFUNDS/CANCELLATIONS ONE WEEK PRIOR TO CLASS.

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