



The Power of Mentoring in Long Term Care

Presented by

**New Jersey Action Coalition (NJAC) and
New Jersey Association Directors of Nursing Administration**
New Jersey Hospital Association, Princeton, NJ

March 25, 2015

Registration and Breakfast: 8:00 a.m. – 8:45 a.m. Location: NJHA Conference & Event Center
Program Time: 8:45 a.m. – 4:00 p.m. 760 Alexander Road, Princeton, NJ
Fee: \$100 per person **** Registrations are limited to the first 40 responses! ****

Didactic session with content and experiential learning on setting realistic expectations, selecting a mentor, building relationships, being purposeful and positive, increasing self-awareness, using reflective practice and the power of questions. Opportunities to meet and get to know potential mentors or mentees will be provided throughout the day.

Objectives:

1. Discusses the qualities and connections that lead to mentor-mentee relationship
2. Discusses the importance of self-awareness
3. Quantifies the ability for self-reflection
4. Describes the importance of relationships
5. Demonstrates the effective use of questions to build the mentor-mentee relationship

Target Audience:

Long term care directors of nursing, assistant directors of nursing and aspiring nurse leaders.

Continuing Education Credits:

Health Research and Educational Trust is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number P131-1/15-18.

This activity provides **6.25** contact hours.

There are no conflicts of interest, sponsorship, or financial/commercial support being supplied for this activity. Accredited status does not imply endorsement by the provider or American Nurses Credentialing Center's Commission on Accreditation of any commercial products displayed in conjunction with an activity.

DISCLOSURE INFORMATION: Full disclosure will be provided at the educational activity.

The Power of Mentoring in Long Term Care

Presented by

**New Jersey Action Coalition and
New Jersey Association Directors of
Nursing Administration**

New Jersey Hospital Association, Princeton, NJ

March 25, 2015

AGENDA

8:00 – 8:45 a.m. *Registration and Continental Breakfast*

8:45 – 9:00 a.m. **Welcome and Overview**

Edna Cadmus, PhD, RN, NEA-BC, FAAN
Co-Lead
NJAC

Marley Nicolas, MSN, RN
Co-Chair
NJAC Leadership Pillar

William Pierce, RN, BSN, CCRN, RRT, MBA/HCM
Co-Chair
NJAC Leadership Pillar

9:00 – 10:45 a.m. **The Joy of Being a Mentor and a Mentee:**
Introductions
Knowing yourself
Reflective Practice
Building Relationships
The Power of Questions

Karren Kowalski, PhD, RN, NEA-BC, FAAN
President/CEO
Colorado Center for Nursing Excellence

10:45 - 11:00 a.m. **Stretch Break**

Program continues ...

11:00 – 12:30 p.m. **The Joy of Being a Mentor and a Mentee** (*cont'd*)

12:30 – 1:30 p.m. *Networking Luncheon*

1:30 – 2:30 p.m. **Mentoring/Coaching**

2:30 – 3:30 p.m. **Use of the Mentor-Mentee Tool Kit**

3:30 – 3:45 p.m. **Debriefing**

3:45 - 4:00 p.m. *Question and Answer/Summary*

4:00 - 4:15 p.m. *Program Evaluations/Adjournment*

Registration Guidelines for 2015

PAYING BY CREDIT CARD

Guarantee your seat now by paying for your registration online with a credit card.
It's secure and easy.

Click on the following link:

<http://hret-registration.njha.com>

Note: For security purposes, please **DO NOT** mail credit card information with your security code to the P.O. Box. Save time and register online through our secure Web site.

PAYING BY CHECK

Please fax your registration prior to mailing with payment. Your registration will not be confirmed until your payment is received by HRET. A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

Make check payable to: HRET of NJ

Mail to: HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691

Payments by mail must be postmarked no later than Friday, March 20, 2015

*After March 20, checks must be in-hand at the time of registration the day of the program.
HRET / NJHA staff reserve the right to refuse entrance if payment is not received in full at the time of registration.*

CANCELLATION POLICY

- Cancellations received by March 20 will receive a refund minus a \$50 administrative fee.
- No refunds will be issued after the deadline or for no-shows.
- Registrants unable to attend may send an alternate.

GENERAL INFORMATION

- **** Registrations are limited to the first 40 responses! ****
- **On-site registration:** NJHA will do its best to accommodate walk-ins, but cannot guarantee seating. Please call 609-275-4180 the day preceding a conference to inquire about availability. If NJHA can accommodate you, payment in full is due at the registration table via check or credit card. No exceptions.
- For program inquiries, please contact Nancy Winter at nwinter@njha.com
- For registration and payment inquiries, please contact Nancy Winter at nwinter@njha.com
- **In the event of inclement weather, call 609-275-4140 before coming to the conference.**
- For directions visit NJHA at: <http://www.njha.com/directions.aspx>
- Ample parking is available behind the conference center building.
- If you have a disability and need special accommodation, please call 609-275-4180.

The Power of Mentoring in Long Term Care
Presented by
New Jersey Action Coalition and
New Jersey Association Directors of Nursing Administration

Date:	March 25, 2015
Registration Start:	8:00 a.m.
Program Start:	8:45 a.m.
Location:	New Jersey Hospital Association, 760 Alexander Road, Princeton, NJ 08540
Fee:	\$100 per person ** Registrations are limited to the first 40 responses! **
Seminar:	EDU 1510

REGISTRATION

(Please type or print clearly. Please copy form for additional registrants.)

Note: Your registration will not be complete until payment has been received.
 Payment is due no later than March 20, 2015

Credit Card Registration
 To register by credit card, please click on the following link:
<http://hret-registration.njha.com>

Full Name:		(EDU 1510)
Job Title:	Check Amount: \$ _____	Check #
Degrees/Credentials (MD, RN, LNHA, etc.):	Organization:	
E-mail:	Organization Address:	
Phone Number:	City, State, Zip:	
Full Name:		(EDU 1510)
Job Title:	Check Amount: \$ _____	Check #
Degrees/Credentials (MD, RN, LNHA, etc.):	Organization:	
E-mail:	Organization Address:	
Phone Number:	City, State, Zip:	
Full Name:		(EDU 1510)
Job Title:	Check Amount: \$ _____	Check #
Degrees/Credentials (MD, RN, LNHA, etc.):	Organization:	
E-mail:	Organization Address:	
Phone Number:	City, State, Zip:	