## MEETING PROGRAM

7:00 - 7:45 am

Registration & Refreshments

8:00 - 9:30am

Vascular Access

Mr. Kevin Duran.

American Access Brooklyn.

Break 15min

9:30-9:45am

Joe Sala

Fluid Management

9:45-11:30am

Andrew Lleras CHT, CBNT, MPH

Davita

11:30am - 1:15pm

CMS how does it affect you

Charles Torres CHT

1:15pm-1:30pm

Closing notes

NYC Dialysis Clinical Meeting



NOV 16th, 2014

ΑT

BROOKDALE HOSPITAL

Samuel Shulman Institute.

One Brookdale Plaza.

Brooklyn, NY 11212.

ORGANIZED BY

NANT NEW YORK

CHAPTER

1776 CASTLE HILL AVENUE

APT # 1 B

**BRONX, NY 10462** 

TEL # 917-971-0444

E-MAIL: NANTNYC@YAHOO.COM



Wational Association of Rephrology Technicians/Technologists

#### PROGRAM GOAL

To promote education and credentialing of dialysis professionals who strive to provide the highest standard of care for our patients.

TARGET AUDIENCE

ALL HEMODIALYSIS PERSONNEL

JOIN US

SUNDAY

NOV 16TH, 2014

AT

BROOKDALE HOSPITAL

Samuel Shulman Institute.

One Brookdale Plaza.

Brooklyn, NY 11212

To promote a multidisciplinary approach and raise the understanding of how treating CKD is a team effort

## Target Audience

RN's, LPN's, Technicians, Dietitians, Social Workers, Administrators & Nephrologists caring for patients suffering with Stage 5 Chronic Kidney Disease

# Objectives

Following participation in this program, participants will be able to:

Describe the basic concepts of vascular access care.

 Understand how home hemodialysis benefits our patients. Technicians role in home hemodialysis by Kimberly Davis.

### PROGRAM GOAL

To promote education and credentialing of dialysis professionals who strive to provide the highest standard of care for our patients.

TARGET AUDIENCE
ALL HEMODIALYSIS PERSONNEL



SEATING IS LIMITED

RSVP BEFORE NOV 10th, 2014

REGISTRATION FEES EARLY

NANT MEMBERS \$40.00

NON MEMBERS \$50.00

IF PAYING AT THE DOOR FEE IS \$50.00

FOR ALL

METHODS OF PAYMENT
CHECK/MONEY ORDER
PAYABLE TO:
NANT NY CHAPTER
1776 Castle Hill Ave
APT # 1 B
Bronx, N Y 10462

## **Registration form**

• Name:
• Title:
• NANT ID #
•Address:
Phone #
• E-Mail:

MAIL COMPLETED FORM TO:

NANT NY CHAPTER

C/O CHARLES TORRES

1776 CASTLE HILL AVENUE

APT # 1 B

BRONX, N Y 10462

COMPLETED FORMS ARE DUE ON OR BEFORE NOV 10th, 2014