

ASTHMA EDUCATOR INSTITUTE

About the Asthma Educator Institute

The Asthma Educator Institute is a two-day course to teach healthcare professionals how to help asthma patients manage their illness.

The curriculum covers the content outlined in the NAECB Candidate Handbook and includes case reviews, hands-on skills demonstration and practice. The course is delivered by local asthma experts.

Course Objectives

- To prepare participants to provide NHLBI and NAEPP guideline directed asthma care to patients, families and health care providers.
- To identify the roles of the asthma educator.
- To network with healthcare providers, educators and organizations surrounding asthma care and policies.

Continuing Education Credits

Application has been made for 10 hours to:

- American Association for Respiratory Care
- National Commission for Health Education Credentialing for Category I CHES/MCHES
- *A nursing credit application may also be submitted*



DAY 1:

Thursday, July 24

8:30 a.m. - 4:00 p.m.

- Education Principals for a Partnership in Asthma Care
- Asthma Overview
- Factors Contributing to Asthma Exacerbations
- Patient and Family Assessment
- Case Studies Using Spirometry

DAY 2:

Friday, July 25

8:30 a.m. - 4:00 p.m.

- Asthma Medicine Devices and Demonstration
- Asthma Management: Pharmacological Therapy
- Barriers to Adherence and Compliance: Behavioral, Cultural and Other Challenges
- Asthma Action Plan: Management Plan Development
- Your Role As an Asthma Educator: Professional Issues/Professional Practices
- NAECB Exam Preparation

Nebraska Methodist College
720 North 87th Street
Omaha, NE 68114

\$100 per person (reduced fee!)

Asthma Educator Course Registration Form

REGISTRATION DEADLINE: FRIDAY, JULY 11TH
Registration Form + your payment must be received by this date

NAME: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
EMPLOYER: _____
CREDENTIALS: _____

PAYMENT: **CHECK (PAYABLE TO AMERICAN LUNG ASSOCIATION)**

CREDIT CARD: **VISA** **MASTERCARD**

NAME ON CARD: _____

BILLING ADDRESS: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ **3-DIGIT CODE:** _____

PLEASE SEND FORM & PAYMENT TO:

American Lung Association
Attn: Dr. Melinda Auch- AEI
8990 West Dodge Road, Suite 226, Omaha, NE 68114
Telephone: 402-502-4950 ext: 12 | Fax: 402-502-3012
Email: mauch@breathehealthy.org