



## **"12-Lead EKG" Course**

### **Presenter:**

**Susan Engelbaugh, R.N., M.S., Clinical Nurse Specialist,  
Critical Care and Cardiopulmonary, St. Mary's Hospital-Madison**

### **Two offerings in 2012:**

**Monday, May 21, 2012 and Tuesday, October 2, 2012**

**9:00 a.m. – 4:00 p.m.  
RWHC Office & Training Center  
880 Independence Lane, Sauk City, WI**

### **Program Description**

This course on EKG interpretation will include: axis deviation, hypertrophy-atrial and ventricular, conduction defects, infarct location and acute changes, and drugs that may cause EKG changes. Participants should have basic dysrhythmia understanding prior to the course. Bundle branch block will also be discussed.

For those who would like to brush up on the terminology prior to the course, the presenter suggests reviewing a basic 12-Lead EKG manual (e.g. "Rapid Interpretation of EKGs" 6<sup>th</sup> Edition by Dale Dubin, MD, or other similar books).

### **Program Presenter**

Susan Engelbaugh, R.N., M.S., Clinical Nurse Specialist, Critical Care and Cardiopulmonary, St. Mary's Hospital, Madison

### **Target Audience**

Nurses and other health care providers that have a basic dysrhythmia understanding prior to the course

**Program Fee**

RWHC Members: \$150 per person  
Non-RWHC Members: \$180 per person

**Program fee includes course materials, refreshments and lunch.** Organizations that register three or more participants will receive a 20% discount.

Please do NOT send payment; RWHC will invoice your organization. For questions, please contact Carrie Ballweg, Education Coordinator, 608-643-2343.

**Cancellation Policy**

Cancellations received up to two weeks prior to a program will receive a full refund, less a \$25 processing fee. No refunds will be given for cancellations received less than two weeks prior to the program. Substitutions are accepted.

**Program Registration**

**"12 Lead EKG" Course – May 21, 2012**

***Please print clearly:***

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

***Please do not send pre-payment, RWHC will invoice your facility.***

Please return this registration form **by April 30** to: Denise Sackmann, RWHC, 880 Independence Lane, Sauk City, WI 53583, fax: (608) 643-4936.

**Program Registration**

**"12 Lead EKG" Course – October 2, 2012**

***Please print clearly:***

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle a boxed lunch (cold sandwich) choice: turkey ham roast beef veggie

***Please do not send pre-payment, RWHC will invoice your facility.***

Please return this registration form **by September 11** to: Denise Sackmann, RWHC, 880 Independence Lane, Sauk City, WI 53583, fax: (608) 643-4936.