



Carolinus College of Health Sciences
presents

Integrative Health Practitioner Level I

Date(s) for this 4-session course: ☐ February 3, February 17, March 3, and March 17, 2015

Time: 8:00 am -12:30 pm (plus 4 hours online/out of class assignments)

Where: Carolinas Medical Center-NorthEast (North East Plaza on Shady Lane in Classroom 1)

What is Integrative Health Practitioner Level I? This course provides clinicians and non-clinicians with an introduction to evidenced-based holistic and integrative practices to help create comfort and enhance the patient and family's medical care. Also included are an integrative practicum and an integrative project to be completed to graduate from Level One. The course consists of four modules: Introduction to Holistic Nursing and Integrative Medicine, Self-care, Holistic Presence and Aromatherapy; Mind, Body, Spirit which includes relaxation breathing techniques and guided imagery; Energy and Manual Medicine and Integrative Practice. The class time is 16 hours with 8 additional hours allotted to on-line work and project work.

Course Objectives: Students will be able to:

- Describe and incorporate self-care practices as related to Holistic Nursing Practice.
- Discuss and apply coping strategies for compassion fatigue and stress in a health care setting.
- Demonstrate basic skills using Aromatherapy, Guided Visualization, Massage Therapy, Reflexology, and Healing Energy Techniques in a health care setting.

Who should attend? : Open to health care professionals including (but not limited to) nurses, chaplains, case management, physical or occupation therapy, massage therapists, dieticians

Registration Fee: \$ 295.00 per person (includes Integrative kit)
\$ 225.00 for units with not requiring a kit (Units with graduated Integrative Champions)

Faculty: **Cathy Carson**, BScN, HNB-BC, PCN, HTP, Integrative Nurse Specialist
Carolinus Healthcare System NorthEast

Parking: Directions and parking information will be sent with confirmation letter a week before the class start date.

Continuing Education Credit: (2.4 CEUs) – equivalent to 24 contact hours

Continuing Education Units are provided by Carolinas College of Health Sciences. (Does not qualify for college credits).

For more information, contact:

Susan B. Thomasson, MEd., MT (ASCP) SH, LMBT
Director, Continuing Education
Carolinus College of Health Sciences
Phone: 704-355-3921 or
Email: Susan.Thomasson@carolinas.org

**Carolinas College of Health Sciences
Department of Continuing Education**

Course Registration

- ★ Fax information: 704-355-5967 Attention: Lakisha Bennett
- ★ Scan/ email: Lakisha.Bennett@carolinas.org
- ★ Interdepartmental mail: Lakisha Bennett, CCHS, Rankin Building, Room 112
- ★ US Mail: Lakisha Bennett, Carolinas College of Health Sciences, 1200 Blythe Blvd, Charlotte, NC 28203

Integrative Health Practitioner Level I

Please print

Name _____
Address _____
City/State _____
Zip Code _____ Phone _____
Email _____

(Email is mandatory for confirmation)

Select Method of Payment: *Please enclose payment with registration form to hold your place in the class.*

- Check _____ (amount enclosed: payable to Carolinas College of Health Sciences)
- MasterCard Visa
- Discover American Express

- \$ 295.00 per person (includes Integrative kit)
- \$ 225.00 for units not requiring a kit

Credit Card Information:

Account # _____
Signature _____
Exp Date _____

Interdepartmental Charge: (Carolinas HealthCare Only)

Manager's Name _____
Manager's Signature _____
Bus. Unit # _____ Dept # _____ Account # _____

Work Location/ Department _____
(CHS only)

Feb 3, Feb 17, March 3, and March 17, 2015
Deadline to register: January 27, 2015

24 HOUR NOTICE OF CANCELLATION REQUIRED FOR A REFUND

Carolinas College of Health Sciences is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award the Associate of Applied Science degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Carolinas College of Health Sciences.

INTERNATIONAL APPLICANTS

Due to limited resources in supporting international students and a focus on providing healthcare practitioners for the Charlotte metropolitan area, the College will not authorize requests for temporary or student visas. Proof of legal residency may be required.

Citizenship *International students who do not have permanent resident status will not be considered for admission*

- U. S. Citizen
 Permanent Resident Alien _____ / _____

Citizenship Country _____ Receipt # _____ Date of Issue _____

Voluntary demographic data for reporting purposes only:

- Ethnicity: American Indian/Alaskan Native Native Hawaiian or Pacific Islander White
 Black or African American Asian Two or more races
 Unknown Hispanic

Gender: Male Female Birth date: _____

Community Standards:

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A "yes" answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

Yes • **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?

• **Yes** • **No** Applicants are required to submit a consent form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement etc...

You must notify the Admissions Coordinator or Dean of Student Services of any criminal charge or conviction that occurs at any time after you submit this application.

Yes • **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

Read, Sign and Date the following statement

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information.

*******We cannot accept your application without your signature**

Signature of Applicant _____ Date _____

Parent or Guardian (If applicant is under 18) _____ Date _____