You are completing your nurse practitioner education, likely one of the most challenging tasks you have ever undertaken. Now, NP certification and licensure loom in your future. You probably have spoken to a number of certified and practicing NPs about these issues. Much of the information shared is helpful. However, there is also a good deal of inaccurate information circulating. Here are some common myths and realities about these important subjects.

**Myth:** Once I am nationally certified, I am also licensed to practice as an NP.

**Reality:** In nearly all states, achievement of national certification is one of a number of requirements to obtain a license as a nurse practitioner. Nurse practitioner licensure is handled at the state level through the board of nursing. Information about your state’s NP practice act can be obtained by contacting your state board of nursing. Links to all of these state agencies can be found at [http://www.ncsbn.org](http://www.ncsbn.org).

**Myth:** Once I am a certified NP and licensed to practice in one state, I will be able to practice in every state.

**Reality:** NP licensure is handled at the state level, and regulations vary from state to state. As a result, you must meet the requirements for, and obtain a license in, every state where you practice.

**Myth:** From state to state, NP practice acts are quite similar.

**Reality:** State NP practice acts differ significantly in a number of ways. For example, in some states, an NP must have a physician collaborator to obtain prescriptive authority. Other states do not have this requirement, and NPs are able to prescribe without any physician oversight. In certain states, state law mandates third-party reimbursement to NPs (this rate of reimbursement can vary significantly). While NPs have the

(Continued on page 4)
Mobile Applications for Breastfeeding
by Marie L. Bosco, BSN, RNC, IBCLC

Technology offers a variety of applications that can assist mothers in monitoring, evaluating, and answering common questions through a host of mobile applications available for Androids and iPhones. Applications through iTunes that are recommended include: Baby-Tracker: Nursing, Pumping: i let down, iBreastfeed, and Breastfeeding Management 2. These range in price from free to $4.99. Comparable programs are also available for Android phones at Android Market including Baby Care - Track Baby Growth (free) and Baby ESP (free) along with Breastfeeding Management 2 ($1.99).

Baby-Tracker: Nursing and Baby Care Track Baby Growth provide technology that allow mothers to log when they breastfeed and for how long. Diaper changes and healthcare provider appointments can also be tracked here. Pumping: i let down is an application for mothers separated from their babies either by hospitalization (i.e. infant in NICU) or for return to work. This allows mothers to log when they pump and volumes pumped and can also calculate daily volume totals. iBreastfeed is more comprehensive and includes the previously discussed logs along with common breastfeeding questions and answers and medication safety tips for breastfeeding mothers. Breastfeeding Management 2 was developed for healthcare professionals and is also used by mothers. This is an evidence-based application that was developed by the Massachusetts Breastfeeding Coalition and includes information to aid the healthcare professional in triaging breastfeeding problems and managing basic breastfeeding issues in the initial weeks of breastfeeding. It also includes five calculators to assist in weight gain, intake, output, etc. and a link to LacMed at the National Institutes of Health to assess the safety of medications in mother’s milk.

Mobile applications for breastfeeding mothers can be useful tools providing mothers with logs and information that support their healthy choice to breastfeed their infants. The applications developed for the healthcare professional can provide invaluable information to aid in basic management of breastfeeding. It will be interesting in the future to evaluate the impact of these tools on breastfeeding duration and exclusivity.

Fitzgerald Health Education Raffle Winners!

Fitzgerald Health Education Associates recently held a raffle drawing at the Arizona NP Symposium, Flagstaff, AZ. We would like to congratulate Debra Jur for winning the book Cherry Ames Nursing Stories, the 4th Set by Helen Wells. We would also like to congratulate Marian Diamond for winning the book Nurse Practitioner Certification Examination and Practice Preparation, 3rd Edition, by Margaret Fitzgerald.

Raffles are held at all of our exhibit locations. For a list of our upcoming exhibit locations, please see the table below.

Come see us in person!
We will be exhibiting at the following locations:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
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<tr>
<td>September 8-11, 2011</td>
<td>Texas Nurse Practitioner Conference</td>
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<td>Omni Hotel</td>
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<td>Fort Worth, TX 76102</td>
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<td>September 16-17, 2011</td>
<td>United Advanced Practice Registered Nurses of Georgia</td>
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<td>Museum of Aviation</td>
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<td>Warner Robins, GA 31088</td>
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<td>October 26-30, 2011</td>
<td>The NP Association of New York State</td>
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<td>Conference</td>
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<td>Saratoga Hilton and City Center</td>
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<td>Saratoga Springs, NY 12866</td>
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Important System Update Information

Routine maintenance is scheduled for August 20, 2011. FHEA is committed to providing our customers maximum uptime, reliability, and security for our On-line Testing and Learning Site, www.npexpert.com. Regular system maintenance is critical to achieving this goal. System maintenance is normally performed the third Saturday of each month.
NP News in Brief

Tdap Vaccine Approved for Seniors
Boostrix, a single-dose booster vaccine intended to prevent tetanus, diphtheria, and pertussis in adults ages 65 and older, was approved by the US Food and Drug Administration (FDA) last month. The vaccine was originally approved in 2005 for use in people ages 10 to 18, and was later approved for use for ages 64 and younger. This is the first vaccine of its kind that is intended to prevent all three diseases for the 65 plus age group. Common side effects include pain at the injection site, headache, and fatigue.

Read More

Tennessee BON Drops Charges against Three NPs
The Tennessee Board of Nursing (BON) recently dropped all charges against three NPs that were accused of providing poor or negligent healthcare, falsifying patient information, and inappropriately prescribing controlled substances. Bobby Reynolds Jr., owner of Appalachian Medical Center, Johnson City, TN, and his employees David Stout Jr. and Tina Killebrew were brought before the BON for a hearing in March of last year. The BON also alleged that as a result of this substandard care, two of the medical center’s patients died. Initially, Reynolds and Killebrew had their licenses suspended, while Stout was placed on probation. All three were fined. However, after additional information about the deceased patients was presented to the BON this May, all charges were dropped and licenses were restored.

Read More

An Inside Look at AANP Pass Rates
The American Academy of Nurse Practitioner Certification Program (AANP-CP) has published records showing a significant rise in the number of applicants sitting for the NP certification exam. The AANP-CP has issued certifications for family, adult, and gerontologic nurse practitioners. The overall pass rate for NP applicants was 87% in 2008. In 2009, 3,644 applicants sat for examinations and 3,373 NPs were awarded certification. The overall pass rate was over 91% for 2009. In 2010, 5,062 NP applicants sat for examinations, including 429 applicants for re-exams and 46 applicants for recertification. The overall first time pass rate was 87% in 2010. From 2008 to 2010, the number of applicants sitting for the certification exam increased by 9,600, bringing the AANP-CP total awarded certifications to 31,431.

Read More

What our Customers Say...

“Just wanting to let Dr. Fitzgerald know that I passed my exam! I went back, read her review book, and went to take it! She told me to ‘own’ the information, and I read it until I ‘owned it.’ Just thought it was amazing that I was successful by doing nothing more than her review materials and lots of prayer.”
— Veronica C., Mercedes, TX

“My advice for all who take your course who want to be sure that they understand the science behind all treatment and practice is to purchase the CDs. It is the best investment! As attentive as I was in the course, I missed some important information, and am learning so much more at my own pace; more than in the 5 years it took me to get my degree!”
— Caroline B., Burr Ridge, IL

“Both Margaret and Sally were concerned about answering questions asked by participants in a way that everyone would understand (at your Clinical Pharmacology seminar). I enjoyed the way both speakers presented their topics; I was captivated. I looked forward everyday to the next day of the class. It was the most stimulating week I have had since the Fitzgerald Review Course.”
— Steve K., Cornelia, GA
Myth: You should have at least 6 months of NP practice experience prior to sitting for the certification exam.

Reality: The certification examination content is primarily focused on entry-level NP knowledge. As adult learners, NPs tend to feel more ownership of information that has been used in clinical practice. As a result, you might feel more comfortable sitting for the examination after a few months of practice. However, some states limit the length of time or put other restrictions on NP practice prior to obtaining certification. In addition, you cannot apply for reimbursement by Medicare and some private insurers until certified. As a result, a potential employer could require certification as a condition of employment.

Myth: The content of the test tends to be limited to a few areas.

Reality: Examination content tends to be broad, reflecting the depth and breadth of NP practice. It represents the array of patients seen in the average NP’s practice over an extended period of time, such as a year, rather than the mix seen in an average day. The examination candidate who reports that the test content was narrowly focused likely can only recall the areas in which he or she had the most difficulty.

Myth: The test questions are presented in topic groups.

Reality: The topics covered in the exam are presented in random order. For example, a family nurse practitioner candidate could face a question about a middle-aged man with diabetes mellitus followed by one about a child with a fever, followed by one about prescribing an antimicrobial for a pregnant woman with a urinary tract infection. The acute care NP candidate might face a question about a person with altered mental status followed by a question about a person presenting with chest pain.

Myth: On the computer-based tests, you cannot go back to change an answer or review a question.

Reality: The computer-based NP exams do have a mechanism for flagging questions for review. You can also change an answer prior to signing off.

Myth: Many certification candidates run out of time and are unable to complete the test.

Reality: The length of time provided to complete the examinations is sufficient for most candidates, allowing for both answering the questions and review of difficult items. The American Nurses Credentialing Center allots 3½ hours for a 175-item test (ANCC; Web site at www.nursecredentialing.org) while the American Academy of Nurse Practitioners allows 3 hours for a 150-item test (AANP; Web site at www.aanpcertification.org). The National Certification Corporation allots 3 hours for a 160-item test (NCC; Web site at http://www.nccwebsite.org/), while the Pediatric Nursing Certification Board allows 3 ½ hours for a 200-item test (PNCB; Web site at www.pncb.org).

Myth: Practice tests represent the best way to prepare.

Reality: While practice tests are a helpful study aid, this method is best used to finish, not start, your study. Your study time is best spent developing a deep understanding of the nature of NP practice. Knowing what to expect on the exam will help you prepare for the test as well as for clinical practice.
Getting to Know the Fitzgerald Health Clinician/Educators

A Question and Answer Session with Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP

by Jaclyn Fitzgerald, Editor

Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP, is a senior lecturer with Fitzgerald Health Education Associates, Inc., (FHEA). A self-proclaimed over-achiever, Dr. Miller is certified as an acute care, adult, family, and gerontological nurse practitioner, making her well qualified to present the FHEA Nurse Practitioner Certification Exam Review and Advanced Practice Update for all four of the NP tracks in which she specializes. Accompanied by Dr. Margaret A. Fitzgerald, Dr. Miller also presents the FHEA Advanced Pathophysiology course and the Clinical Pharmacology course.

Dr. Miller is the owner of Sahara Family Practice, Las Vegas, NV, where she is active in clinical practice. She is a Fellow of the American Academy of Nurse Practitioners and is a member of numerous professional organizations, including the American Academy of Nurse Practitioners, American Nurses Association, Academy of Correctional Health Professionals, the Nevada Nurses Association, and the National Organization of Nurse Practitioner Faculties. She is the author of Acute Care Nurse Practitioner Certification Study Question Book, Second Edition, and has been published in numerous NP journals. She earned an MS and BSN from Rutgers, The State University, Camden, NJ, a PhD in education from Walden University, Minneapolis, MN, and a post-masters FNP certificate from Northern Kentucky University.

The following is a question and answer session with Dr. Miller.

Question: Why did you decide to become an NP?
Response: To be honest, it was primarily because it was the next level of achievement. I was born an overachiever and it was the next goal after my BSN.

Question: What are your strengths as a member of the FHEA faculty?
Response: I am an excellent teacher, and that’s probably the most important thing. The diversity of my education, experience, and certifications is another. My flexibility is also one of my strengths. I love watching the light go on in someone’s eyes when I help bring it all together. Many students are overwhelmed by the demands of NP education and cannot always synthesize what they learn. I have the advantage of working with them after their formal education. They come to me with an educational foundation, so sometimes it’s in one of my courses that they are able to make concepts click. It’s very satisfying to watch them make those mental connections!

Question: What is the most rewarding thing about being an NP?
Response: One of the greatest personal rewards is having the opportunity to collaborate on educational initiatives with some of the strongest NP clinician/educators in the field.

Question: What is the most rewarding thing about being an NP?
Response: There are many rewards. As an NP, I really do contribute to people’s wellness. Recently, a 47-year-old woman who is 100lbs overweight walked out of my office so happy. She came to me for weight loss management, we developed a plan, and she lost 4 lbs in 2 weeks. She was walking on air! She is walking 20 minutes a day on the treadmill now and is so motivated to do so. She is just so happy. That is the kind of patient who makes it worthwhile! Also, I recently helped my 75-year-old patient with chronic pain feel a little bit better. I put him on an antidepressant for pain, and he is...
New and Updated Products

**Advanced Health Assessment & Clinical Diagnosis in Primary Care, 4th Edition**

*Advanced Health Assessment & Clinical Diagnosis in Primary Care, 4th Edition*, is a practical resource that takes you to the "next step" of health assessment, beyond basic history and physical examination and through the diagnostic reasoning process. Accessible and concise, it approaches physical examination by focusing on a specific chief complaint rather than a diagnosis of a disease entity. Each chapter is organized into four major areas:

1. **Focused History sections** walk you through the thinking process involved in obtaining a pertinent, relevant, problem-specific history that will assist in differential diagnosis.
2. **Focused Physical Examination sections** explain how to conduct more advanced diagnostic techniques and offer interpretations of the findings.
3. **Laboratory and Diagnostic Studies sections** give a brief outline of what types of laboratory or diagnostic studies would be appropriate for the chief complaint or suspected diagnosis.
4. **Differential Diagnosis tables** offer an at-a-glance summary of possible diagnoses.

**Skin Disease: Diagnosis and Treatment, 3rd Edition**

*Skin Disease: Diagnosis and Treatment, 3rd Edition*, is the quick and practical clinical reference you need to help you effectively diagnose and treat 250 common dermatologic diseases. You'll find succinct, user-friendly chapters arranged by disorder type, updated treatment plans, and hundreds of new images showing diseases in various stages of manifestation, including detailed information and illustrations on tropical dermatology. Perfect for any medical practitioner who'd rather treat than refer patients with skin disease, this full-color resource will also serve you well when prepping for the boards.

Click here for more information about these

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**A Tip From Carolyn Buppert – Nurse Practitioner and Attorney**

I have heard from several sources that clinicians are filling in history and physical information on electronic medical record templates prior to seeing patients. After the visit, the clinician changes "normal" to abnormal where applicable. This is inappropriate and can lead to a charge of fraud. If, for example, the patient doesn't show, then the record remains in its preliminary form. And, because electronic medical records are timed, a payer often can see what time the clinician made chart entries. It will be very difficult to defend the truthfulness of your evaluation if you have filled in the form before seeing the patient. In addition, payers are complaining that electronic templates are being submitted that contain volumes of information and look essentially the same for every patient in the practice. If the records look similar for every patient, payers naturally will suspect the credibility of the records.

For more information visit: www.buppert.com

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**Live Q&A with Dr. Fitzgerald**

Have questions about the certification exam? Attend a live on-line Q&A session that covers the content presented in Dr. Fitzgerald’s NP Certification Exam Review Seminar. Listen and interact with Dr. Fitzgerald as she answers your questions and the questions of your classmates. Adult NPs will have access to two sessions and Family NPs will have access to three. Each of these sessions are 1.25-hours and include audio and visual aids as needed.

This program is available as:

- A bundle package with the on-line NP Certification Exam Review
  Click here for more information about this program
- An add on product for the live or recorded NP Certification Exam Review
  Click here for ANP track
  Click here for FNP track
(Dr. Miller: Continued from page 5)

so happy. After years of treatment with Vicodin, he actually feels he is getting some non-narcotic relief. He is thrilled. Those are the day-to-day rewards.

Question: What unique perspectives do you bring to your role as an NP and as an FHEA faculty member?
Response: First and foremost, I bring the perspective of the student and novice clinician. I will never forget how it feels to be an overwhelmed student and new clinician. I have a particular skill in taking complex concepts and making them understandable to new clinicians. In addition to that, I have a very diverse practice background and a strong academic education background.

Question: What is the nature of your current NP practice?
Response: The nature is varied! I own a family practice (Sahara Family Practice, Las Vegas, NV). My youngest patient is 2 months old and my oldest is 99 years old. I do primary care, wellness management, acute and chronic illness, minor procedures. I manage my patients while they are hospitalized, so I remain active in the acute care NP role.

Question: What advice do you have for new NPs and for practicing NPs?
Response: Be true to your strengths and weaknesses! Whether new or a practitioner of 30 years, I’d say be honest with yourself and others when you don’t know something and need help; on the flipside, stick to your guns when you know you are right even if more experienced providers disagree. Often, new clinicians are reluctant to admit what they don’t know. They feel as if they should have a particular knowledge base, and don’t want anyone to know that they don’t know something. I know this well, because I was the same way. When you admit you don’t know something, you’ll be stunned to find out how many others don’t know either. Conversely, some clinicians are inclined to be swayed, against their gut instincts, by other providers who they perceive as more experienced or knowledgeable. Experience and knowledge doesn’t make anyone right 100% of the time. So, stick to your guns when you are sure, and if you are not sure, be open to learning!

Need a Speaker?
If you are interested in having Dr. Fitzgerald or one of our other talented associates speak at your school, local, regional or national conference, please e-mail: services@fhea.com for more information. Conference administrative services are also available.

What Our Customers Say About us on Facebook

“I attended Dr. Sally Miller’s FHEA review in Salt Lake City in May and bought the CD review course before the last year of grad school. What great information and so helpful in preparing for certification! I passed the ANCC test yesterday!! I recommend this highly!”

SC—Stevensville, MT

Go to www.npexpert.com to register.
Advanced Pathophysiology for NPs and Advanced Practice Clinicians

Atlanta, GA—April 23-28, 2012

Presented by:
Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP
Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP

Earn 45 Contact Hours!

This 5 ¾ day course is presented by highly acclaimed clinician-educators who currently maintain clinical practice, thus bringing clinical relevance to the classroom in addition to their knowledge and teaching skills in pathophysiology. FHEA instructors consistently rank at the top of speaker ratings at national conferences. Both the course material and testing material are kept up-to-date on subject matter. The electronic components of this program are updated as needed to reflect the current state of practice. This course will be available on-line this fall.

Topics Presented by Sally K. Miller

Unit I Cellular Pathophysiology
I. Cell structure and function
II. Mechanisms of cellular transport
III. Membrane and action potentials

Unit III Mechanisms of Cell Trauma
I. Reversible injury
II. Irreversible injury
III. Hypoxia
IV. Physical trauma
V. Infectious trauma
VI. Chemical trauma

Unit IV Cellular Response to Injury
I. Adaptation
II. Inflammation

Unit V Pathophysiology of the Hematologic System
I. Hematopoiesis
II. Microcytic anemias
III. Macrocytic anemias
IV. Hemoglobinopathies
V. Primary hemostasis
VI. Secondary hemostasis

Unit VI Pathophysiology of the Nervous System
I. Synaptic transmission
II. Neurotransmitter
III. Post-synaptic processes
IV. Selected disorders

Unit VII Pathophysiology of the Cardiovascular System
I. Cardiac action potential
II. Contractile tissue
III. Non-contractile tissue
IV. Cardiac conduction
V. Contractile fibers and the sarcomere
VI. Electromechanical coupling
VII. Cardiac muscle tasks
VIII. Selected disorders
IX. Lipid synthesis and transport
X. Selected dyslipidemias

Unit VIII Pathophysiology of the Endocrine System
I. Types of hormones
II. Hormone receptors
III. Feedback mechanisms of secretion
IV. Maintenance of plasma glucose concentration
V. Maintenance of thyroid hormone concentration
VI. Maintenance of adrenal cortex/medullary hormone concentration
VII. Selected disorders

Unit IX Pathophysiology of the Pulmonary System
I. Anatomy and physiology of airways
II. Vascular and lymphatic anatomy
III. Autonomic nervous system regulation
IV. Compliance and recoil
V. Airflow and resistance
VI. Ventilation and perfusion
VII. Selected obstructive/restrictive diseases

Unit X - Pathophysiology of Renal Disease
I. Anatomy and physiology of the nephron
II. Regulation of blood pressure, calcium, and erythropoietin
III. Regulation of renal function; tub glomerular feedback
IV. Cortical and medullary flow
V. Acute renal failure
VI. Chronic kidney disease
VII. Electrolyte imbalance
VIII. Regulation of acid/base balance

Unit XI - Pathophysiology of Renal Disease
I. Anatomy and physiology of the nephron
II. Regulation of blood pressure, calcium, and erythropoietin
III. Regulation of renal function; tub glomerular feedback
IV. Cortical and medullary flow
V. Acute renal failure
VI. Chronic kidney disease
VII. Electrolyte imbalance
VIII. Regulation of acid/base balance

Unit XII - Pathophysiology of Digestive System Disease
I. Anatomy and musculature of the gastrointestinal track
II. Neural control systems
III. Chemical control systems
IV. Myogenic control systems
V. Oropharyngeal/esophageal motility
VI. Gastric motility and control
VII. Gastric acid secretion
VIII. Selected disease states

Topics Presented by Margaret A. Fitzgerald

Unit VII - Pathophysiology in Reproduction
I. Factors influencing impaired female fertility
II. Factors influencing impaired male infertility
III. Pathophysiologic problems encountered in pregnancy: Recurrent pregnancy loss, pregnancy induced hypertension, placental disorders, others

Click here for more information about these products
Clinical Pharmacology for NPs and Advanced Practice Clinicians

Dallas, TX—October 25 to 30, 2011
Boston, MA—March 26-31, 2012
Nashville, TN—October 15-20, 2012

Presented by:
Margaret A. Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP, and
Sally K. Miller, PhD, ACNP-BC, ANP-BC, FNP-BC, GNP-BC, CNE, FAANP

Earn 45 Contact Hours!

This 5 ¾ day course addresses the growing need for a thorough course in the principles of pharmacotherapeutics. Prescribing has become a major part of the role of advanced practice nurses while at the same time, prescribing has become more complex and polypharmacy is more prevalent with the possibility of adverse interactions. Thus, a course of this caliber is critical to the preparation of advanced practice nurses.

The course is taught in an intensive format by 2 of the nation’s most respected NP educators. In addition, recorded lectures of this course form the basis for other university NP pharmacology courses including Pennsylvania State, Pace University, Neumann College, Georgia College and State University. The material constitutes the equivalent of a three credit university course in pharmacology.

Pharmacology contact hours: 45.0**
Code: PCON — standard $799; advance: $7501;
early bird: $6992

Note 1: Registrations received or postmarked between 2 months and 2 weeks prior to the start of the course qualify for this rate.
Note 2: Registrations received or postmarked more than 2 months prior to the start date of the course qualify for this rate.

Upon receipt of your enrollment and full payment, you will receive a confirmation of registration and directions to the course. A fee of $50.00 will be charged for cancellation. No refunds will be granted within 2 weeks of the starting date. All cancellations and changes must be received in writing.

Topics covered in this course:

- National legal and practice issues
- Principles of safe prescribing: Pharmacokinetics, pharmacodynamics, pharmacogenomics, drug interactions
- Prescribing in special populations: Pregnancy, lactation, children, older adults
- Hormonal contraception and post menopausal hormone therapy
- Pharmacologic management in type 1 and type 2 DM: Oral agents, insulin and non-insulin preparations
- Principles of antimicrobial therapy: Intervention in bacterial infection
- Drugs that affect the respiratory system: Beta2 agonists, methylxanthines, anticholinergics, mast cell stabilizers, inhaled and systemic corticosteroids, leukotriene modifiers, over-the-counter cough and cold medications
- Evaluation and intervention in common thyroid disorders
- Assessment and intervention in common anemias
- Drugs that affect the cardiovascular systems: Antihypertensives, antianginals, dysrhythmics, medications used in the management of heart failure
- Pharmacologic treatment of lipid abnormalities and drugs that affect clotting
- Drugs that affect the GI system: H2 receptor antagonists, proton pump inhibitors, antacids, prokinetics, antidiarrheals, including over-the-counter medications
- Management of viral, fungal and protozoal infection
- Management of pain; opioids, NSAIDs and others including over-the-counter medications
- Management of eye, ear, and skin disorders

Can’t attend a live course?
This program is also available on-line
Visit: https://store.fhea.com for more information.

Visit: https://store.fhea.com for more information.
Pharmacology Updates

North Andover, Massachusetts
October 5–6, 2011
Fitzgerald Conference Center
85 Flagship Dr.
North Andover, MA 01845

Earn 9 Pharmacology Contact Hours!

Topics:
- Hot Topics in Drug Therapy: New Products, New Uses, New Warnings
- Depression
- Anxiety and Panic Disorder
- Antimicrobial Update: A Focus on Treatment Recommendations in STIs
- Pharmacological Therapies in Cough, Cold, and Fever Symptoms
- Much More!

Mount Snow, Vermont
January 12-13, 2012
Mount Snow, VT

Earn 12 Pharmacology Contact Hours!

Topics:
- Drug Update: What’s Hot, What’s Not
- Migraine and Tension Headache
- Assessment and Intervention of COPD
- Acute Bacterial Rhinosinusitis
- Challenging Cases in Laboratory Diagnosis: A Focus on Drug-Induced Problems
- Probiotic and Prebiotic Use in Clinical Practice: What we Know, What we are Learning

Maui, Hawaii
February 16-17, 2012
Sheraton Maui Resort & Spa
2605 Ka’anapali Pkwy
Lahaina, HI 96761

Earn 9 Pharmacology Contact Hours!

This seminar leads up to Presidents’ week school vacation, so accommodations need to be arranged as soon as possible!

Take a mid-winter break at the Sheraton Maui Resort and Spa in Lahaina, Hawaii, in February 2012. Spend your mornings honing your pharmacology knowledge base with internationally recognized presenter, Dr. Fitzgerald. Spend your afternoons sitting on the beach and listening to the waves crash against the surf. A perfect and practical getaway for the NP, family, and friends.

Topics include a timely pharmacology update.

Rome, Italy
March 14-15, 2012
Rome, Italy

Hotel information - see website

Earn 9 Pharmacology Contact Hours!

Join us in Rome, Italy, in March 2012. Hone your pharmacology skills in this beautiful ancient city. Visit some of the most significant landmarks and museums in the world. From the Vatican, to the Colosseum, Rome offers a wealth of historical and modern delights for everyone. Don’t miss this opportunity to explore all that Rome has to offer while building your professional repertoire!

Topics include a timely pharmacology update.

Click here for more information about these pharmacology updates.