

PANAnac

PERIANESTHESIA
NURSES
ASSOCIATION
NORTHERN ALBERTA
CHAPTER

EXCELLANCE IN
PERIANESTHESIA
NURSING



PANAnac PeriAnesthesia Nurses Association
Northern Alberta Chapter

We are a special interest group dealing with PeriAnesthesia Nursing

- The purpose of PANA is to promote excellence in PeriAnesthesia nursing by providing a forum for nurses to expand and update their nursing knowledge through education sessions
- An opportunity to share information with other nurses committed to this specialty
- Opportunity to discuss issues which directly affect PeriAnesthesia Nurses

Who can join?

Active members – Those nurses with active CARNA registration who are currently working in the field of PeriAnesthesia nursing

Associate members – Those individuals having an interest in PeriAnesthesia nursing or practicing in a related discipline

Membership year is from January 1st to December 31st Membership dues are collected yearly.

NAPAN National Association of
PeriAnesthesia Nurses of Canada

NAPANAc is a professional association whose goals are:

- To establish membership of provincial/territorial membership
- To establish standards of PeriAnesthesia practice
- To develop certification for our specialty

PeriAnesthesia Nurses are Registered Nurses that have advanced knowledge in the care of patients during all phases of anesthesia. these areas include, e but are not limited to:

- Post Anesthetic Care Units (PACU)
- Same Day Surgery
- Diagnostic imaging
- Free standing Surgical Units
- Dental Offices

Objectives

- To promote education and research
- To share knowledge and issues about matters relating to our specialty
- To encourage awareness of PeriAnesthesia nurses as part of the Health Care Community
- To network with other national groups such as the Canadian Nurses Association and the Canadian Anesthesiologists' Society

The national website is www.napanc.org

For further information please feel free to contact:

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Phone:

780 407 1791

Email:

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Membership Application/Renewal Form

Active \$20
Associate \$15

Name: _____

Address: _____

Phone: (w) _____

(h) _____

Email: _____

Employer: _____

Position: _____

Signature: _____

Date: _____

Active _____

Associate _____

Submit completed form with membership fee to:

PANAnac

Level 3 PARR

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University of Alberta Hospital

8440 112st

Edmonton, Alberta

T6G 2B7

