

NET SMART Junior Registration Application



Tackling Stroke One

Module At A Time

Email Completed Application to:

Alexis@outcomesmgmt.org

or fax to:

+1 901-552-5243

Applicant Name _____

Hospital Name _____

Email Address _____

(Select the email you want messages sent to, including retrieval of user name and password)

Home Mailing Address _____

Home Phone Number _____

Mobile Phone Number _____

Current Work Role:

Staff RN _____ Nurse Manager _____ Stroke Coordinator _____

Charge RN _____ Supervisor _____ Code Stroke Nurse _____

State of RN Licensure: _____ **RN License #:** _____ **Expiration Date:** _____

Your Personal Goal(s) for taking NET SMART Junior:

Please provide the following information about your current stroke program.

1. Approximately how many ischemic strokes were admitted to your hospital in last year?

_____ # Ischemic Strokes

2. Approximately how many patients were treated with IV t-PA at your hospital last year?

_____ # tPA treatments given

3. Does your hospital provide intra-arterial rescue therapies for stroke?

a. Yes b. No