



Pharmacogenomics Update



Friday

January 27, 2017

10 a.m. - 12:15 p.m.



Cumberland County Dept. of Public Health
1235 Ramsey St./Third Floor Auditorium
Fayetteville, NC 28301



In affiliation with Duke University Medical Center
Part of the NC AHEC Program

Target Audience

Pharmacists, Pharmacy Technician, and other interested health care providers.

Program Description

This two hour event will provide updated information on pharmacogenomics for the pharmacy professional.

Objectives

Upon completion of this knowledge-based course, the participant should be able to:

- Review basic genetic processes and terminology.
- Review history of pharmacogenomics.
- Highlight FDA recommendations and guidelines.
- Discuss relevant ethical, legal, and social issues.
- Review Tools available for pharmacists to utilize to implement pharmacogenetics
- Discuss where pharmacists can have a role.
- Illustrate use of pharmacogenetic testing through 2 case studies.

Fee

\$35 registration fee for individuals.

Payment Policy: SR-AHEC requires full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's approval signatures in lieu of payment. Access to workshop materials and handouts cannot be released until payment is received. Early and regular rates will be determined by the date of receipt.

Speaker

Jivan Moaddeb, PharmD, Clinical Pharmacist at Duke University Department of Medicine.

Agenda

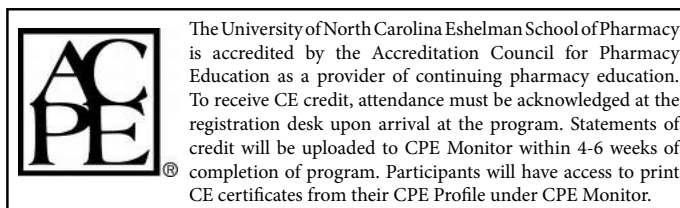
9:30 a.m.	Registration
10 a.m.	Presentation (with a 15 minute break)
12:15 p.m.	Adjourn

Credit

CEU hours: .20 Contact Hours 2.0 ACPE 2.0 hours
ACPE# 0046-9999-17-071-L01-P

Disclosure: Southern Regional AHEC adheres to the ACPE policies regarding commercial support. Disclosure of faculty/ planning committee members and commercial relationships will be made known of the activity. Speakers are expected to openly disclose a discussion of any off-label, experimental or investigational use of drugs or devices in their presentations.

In collaboration with UNC Eshelman School of Pharmacy.



Participants must attend 100% of program time to receive credit. Partial credit will not be rewarded.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 48 business hours before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Contact

Tamika Perkins, MS
SR-AHEC Director, Dental and Pharmacy CE, CME
(910)-678-7034/Tamika.Perkins@sr-ahec.org

For information on program
registration, call 910-678-7226.

Important Information

Early registration is encouraged, as full instructions will be sent with a registration confirmation via e-mail. For continuing education references concerning inclement weather, tobacco policy and ADA requirements, please go to: sr-ahec.org/ContinuingEd/CE.html

PLEASE NOTE:

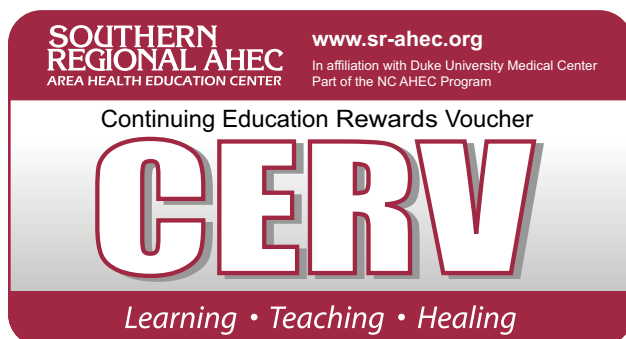
Construction at Southern Regional AHEC will limit parking availability, therefore, locations for continuing education programs will vary. Please check the communications you have received, including the front of this brochure, to ensure that you know the program's location.

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It's just our way to say, "thanks" to great customers, like you!

**Not redeemable for CME series or contract programs and must be initialed by SR-AHEC personnel at current program.*



Registration Form

Form may be duplicated.

Pharmacogenomics Update

CASCE # 51531 / PR170127

Phone: 910-678-7226 **Fax:** 910-323-0674

Click here for on-line registration: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=51531>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Dr. Mr. Mrs. Ms.

First Name Last Name Last 4 digits of SS#

Email (primary) (secondary - only used if primary is undeliverable)
 Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Home Address City State Zip Code

Employer Job Title

Work Address City State Zip Code

Phone (work) (home) (cell)

Certifications/Degrees Specialty Area(s)

Special Needs / Food Allergies

How did you hear about this SR-AHEC program?

Printed Publication Email Fax Word of Mouth AHEC web site MyAHEC Facebook Other _____

Check (Make payable to SR-AHEC)

 Mastercard / Visa # Expiration Date (mm/yy)

Name on Card Signature

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____



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