

Immunizations: Role of the Pharmacist and Pharmacy Technician

Friday, September 8, 2017 10 a.m. - 3:15 p.m.

Location

Cumberland County Department of Social Services 1225 Ramsey Street Meeting Room D Fayetteville NC 28302

Target Audience

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

Program Description

Pharmacist role in administering vaccinations are on the rise. This four hour event will provide information on current updates from CDC and ACIP.

The handouts for this program will be provided online through MyCE from SR-AHEC's website. Registration is encouraged, as full access instructions will be mailed with your registration confirmation via e-mail.

Objectives

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

- Discuss disease states, vaccines, and current updates to the Center for Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations for adult vaccines.
- Apply ACIP recommendations to various patient care scenarios.
- Recognize the role of the pharmacy technician within a pharmacy based immunization service.
- Identify resources for pharmacists in immunization practice.
- Review current legislation and legal considerations related to immunization practice for pharmacists in North Carolina

Speakers

Quita Gatton, R.Ph., Kroger Pharmacy District Clinical Coordinator **Mary Anna Armstrong, PharmD.** Kroger Pharmacy

Agenda

9:30 a.m. Registration

10 a.m. Presentation (with a 7.5 minute break)

12 p.m. Lunch

1 p.m. Presentation (with 7.5 minute break)

3:15p.m. Adjourn

Fee

\$59 registration fee for individuals on or before August 24, 2017

\$49 registration fee for group of three or more from the same office. Must register and submit payment at once via fax or contacting the registrar.

\$79 registration fee for individuals on August 25, 2017 and therafter.

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.

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.

Credit

CEU hours .40 Contact Hours 4.0 ACPE 4.0 hours

ACPE# 0046-9999-17-189-L01-P/T

Disclosure: Southern Regional AHEC adheres to the ACPE policies regarding commercial support. Disclosure of faculty/planning committee members and commercial

In collaboration with UNC Eshelman School of Pharmacy.



The University of North Carolina Eshelman School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. To receive CE credit, attendance must be acknowledged at the registration desk upon arrival at the program. Statements of credit will be uploaded to CPE Monitor within 4-6 weeks of completion of program. Participants will have access to print CE certificates from their CPE Profile under CPE Monitor.

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.

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

Contact

Tamika Perkins, MS SR-AHEC Director of Dental and Pharmacy CE, CME 910-678-7234/Tamika.Perkins@sr-ahec.org

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Registration Form

Form may be duplicated.

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

Online: http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=52887 **Mail:** SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Circle one: Dr. Mr. Mrs. Ms.

Name		Last 4 digits of SS#			
Certifications/Degrees	Specialty Area		Are you an NCC?		
Employer		Job Title			
Work Address		City	State	Zip Code	
Home Address		City	State	Zip Code	
Phone (work)	(hom	e)			
A valid email address is needed for pr "undeliverable."	rogram communications. The seconda	ry email will only be ι	used if your primary ema	ail replies as	
Email (primary)	(seco	(secondary)			
☐ <u>Do not</u> send email announcement	email announcements of upcoming SR-AHEC programs.		☐ <u>Do not</u> share my information with participants and/or exhibitors.		
Special Needs / Food Allergies					
Payment Information ☐ Check (Make payable to SR-AHEC)					
			Expiration Date (mm/yy)		
Name on Card	Signature				

 Office Use Only:
 Check Auth #______ Date______ From______ Amount \$_____



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