



Featured Speaker
Andrew Muzyk, PharmD

Management of Opioid Crisis for the Pharmacist

Tuesday, November 14, 2017
6 p.m. - 8 p.m.

Location:

Cape Fear Valley Health Pavilion Hoke
300 Medical Pavilion Drive
Raeford, North Carolina 28376

Target Audience

Pharmacists and pharmacy technicians

Program Description

The goal of this continuing education program is to enhance pharmacist's and pharmacy technician's knowledge on the management of opioid crisis.

Objectives

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

- Discuss the opioid crisis across the US & North Carolina
- List the benefits and risk of naloxone used in the treatment of opioid use disorder
- Describe the healthcare providers role in opioid crisis
- Create a list of community resources to use for patient referral

Speaker

Andrew Muzyk, PharmD. Dr. Andrew Muzyk is an Associate Professor in the Department of Pharmacy Practice at Campbell University College of Pharmacy and Health Sciences in Buies Creek, North Carolina. Dr. Muzyk also holds an Adjunct Professor appointment at Duke University in the Department of Psychiatry. Dr. Muzyk's primary responsibilities include didactic and experiential teaching of upper level pharmacy students. He also teaches medical, physician assistant, and physical therapy students at both universities and master's level students in the Duke Masters of Biomedical Sciences program. His clinical responsibilities include rounding at Duke University Hospital on the Medicine-Psychiatry inpatient service.

Agenda

5:30 p.m.	Registration
6 p.m.	Presentation
8 p.m.	Adjourn

Fee

\$ 49.00 Individual Registration

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 two (2) business days (Monday-Friday), before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel two business days (Monday-Friday) before the program and obtain a refund for 70% of the registration fee.

Cancellations less than two business days (Monday-Friday) 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: .2 Contact Hours 2.0 ACPE 2.0 hours

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.



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.

ACPE# 0046-9999-17-292-L01-P/T

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

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Contact

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Program Assistant
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Registration Form

Form may be duplicated.

**Management of Opioid Crisis
for the Pharmacist**

CASCE #53961 / PR171114

Phone: 910-678-7226 **Fax:** 910-678-0126

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53961>

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) _____ (home) _____

A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Email (primary) _____ (secondary) _____

Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies _____

Payment Information

Check (Make payable to SR-AHEC)

Mastercard / Visa # _____ Expiration Date (mm/yy) _____

Name on Card _____ Signature _____

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

www.sr-ahec.org
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