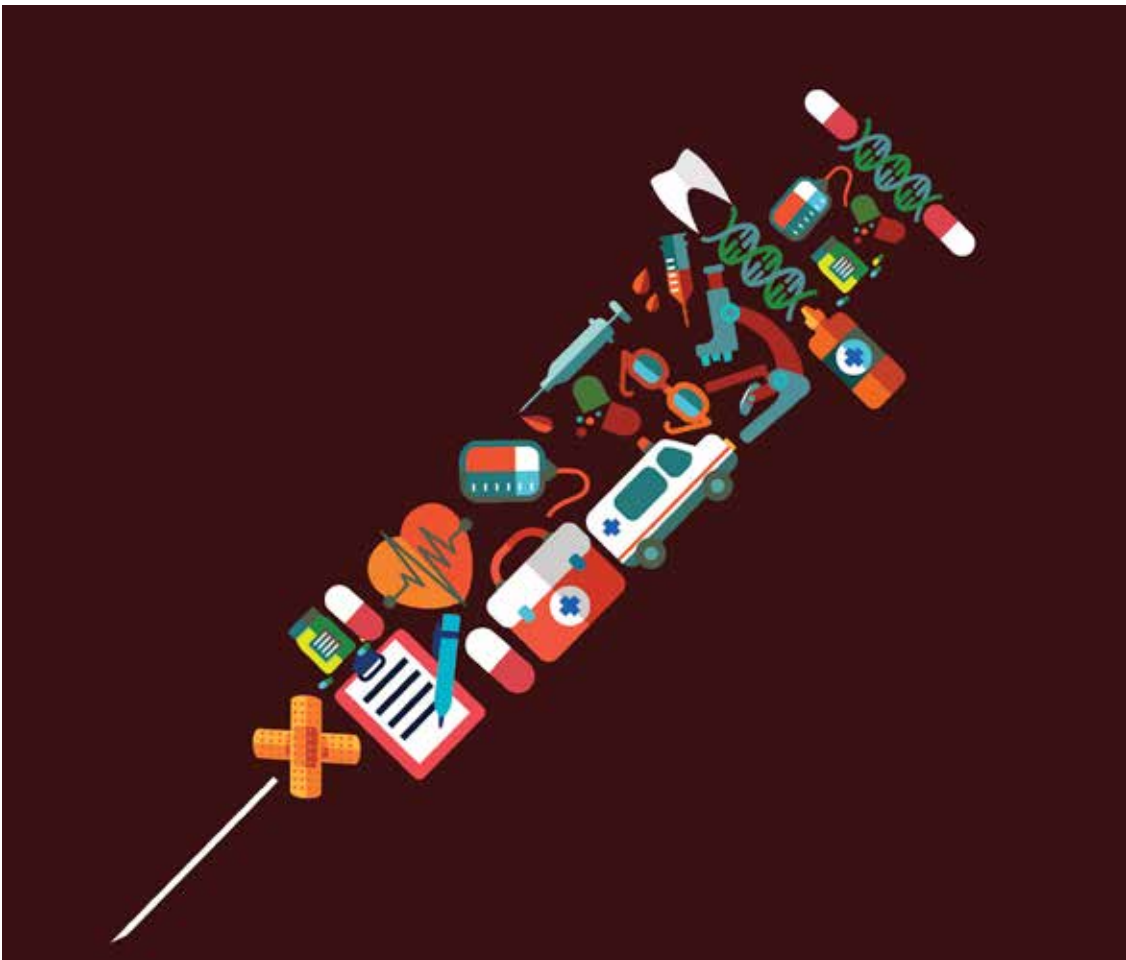




Immunizations: Role of the Pharmacist and Pharmacy Technician



Friday
February 24, 2017
10 a.m. - 3:10 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 Technicians, and other interested health care providers.

Program Description

The pharmacist's role in administering vaccinations is on the rise. This four hour event will provide information on current updates from CDC and ACIP.

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;
- Describe the role of the pharmacy technician within a pharmacy based immunization service;
- Identify resources for pharmacists in immunization practice; and
- Review current legislation and legal considerations related to immunization practice for pharmacists in North Carolina.

Speaker

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 5 minute break)
12 p.m.	Lunch
1 p.m.	Presentation (with 5 minute break)
3:10 p.m.	Adjourn

Credit

CEU hours: .40 Contact Hours 4.0 ACPE 4.0 hours
ACPE# 0046-9999-17-072-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.

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

Fee/Early Registration Date:

\$59 registration fee for individuals on or before February 10, 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 February 11, 2017 and thereafter.

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.

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.



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:

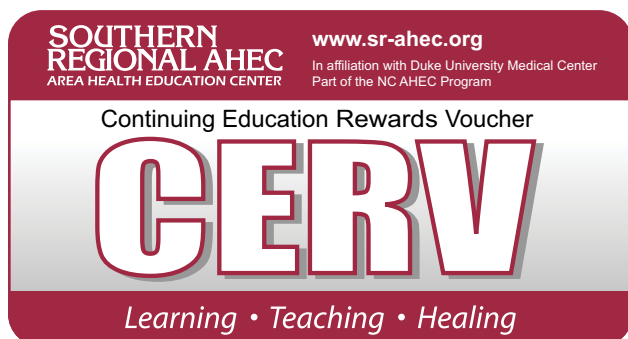
Construction at Southern Regional AHEC will limit parking availability, therefore, locations for continuing education programs will vary. Please check the communications you have received, including the front of this brochure, to ensure that you know the program's location.

Earn \$35 toward a future program...Get your CERV Card today!

Would you like \$35 toward one of our programs? It's yours with a Continuing Education Rewards Voucher (CERV). When you attend your next program with us, you will receive a CERV card. Bring it with you each time you attend a program and one of our continuing education staff members will initial it for you. After you have attended five programs, your card can be redeemed for \$35 toward a future program*.

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.

**Immunizations: Role of the Pharmacist and
Pharmacy Technician**
CASCE # 51509/ PR170224

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

Click here for on-line registration: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=51509>

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 \$ _____



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

www.sr-ahec.org
1601 Owen Drive • Fayetteville, NC 28304
910-678-7226