

2012 PROGRAM SCHEDULE

Monday, December 3, 2012

7:30 am – 8:00 amRegistration
 8:00 am – 9:30 amPediatricsRashida Joemmankhan-Caselli, PA-C
 9:30 am – 9:45 amBreak
 9:45 am – 11:45 amPulmonarySamuel Cleveland, DO
 11:45 am – 1:00 pmID ReviewWilliam Demshok, PA-C
 1:00 pm – 2:00 pmLunch Break
 2:00 pm – 4:00 pmGI MedicineDebbi Hanson, PA-C
 4:00 pm – 4:15 pmBreak
 4:15 pm – 6:15 pmNeurologyClaire Lokitis, PA-C

Tuesday, December 4, 2012

7:45 am – 8:00 amSign-in
 8:00 am – 9:30 amMusculoskeletal 1Wendy Langen, PA-C
 9:30 am – 9:45 amBreak
 9:45 am – 11:15 amMusculoskeletal 2Wendy Langen, PA-C
 11:15 am – 1:00 pmEndocrineLee Goldberg, MD
 1:00 pm – 2:00 pmLunch Break
 2:00 pm – 3:30 pmClinical Therapeutics 1Richard Finkel, PharmD
 3:30 pm – 3:45 pmBreak
 3:45 pm – 5:00 pmClinical Therapeutics 2Richard Finkel, PharmD

Wednesday, December 5, 2012

7:45 am – 8:00 amSign-in
 8:00 am – 9:30 amCardiologyGreg Burns, PA-C
 9:30 am – 9:45 amBreak
 9:45 am – 11:00 amCardiologyGreg Burns, PA-C
 11:00 am – 1:00 pmEKGSamuel Cleveland, DO
 1:00 pm – 2:00 pmLunch Break
 2:00 pm – 4:00 pmHematology/OncologyCharity Ramsey, PA-C
 4:00 pm – 4:15 pmBreak
 4:15 pm – 5:30 pmDomestic ViolenceWalter Lambert, MD

Thursday, December 6, 2012

7:45 am – 8:00 amSign-in
 8:00 am – 9:30 amRenal/GU 1Charles McAllister, MD
 9:30 am – 9:45 amBreak
 9:45 am – 11:00 amRenal/GU 2Charles McAllister, MD
 11:00 am – 1:00 pmPrevention of Medical ErrorRobert Hasty, DO
 1:00 pm – 2:00 pmLunch Break
 2:00 pm – 4:00 pmDermatologyPam Miller, PA-C
 4:00 pm – 5:30 pmHIV/AIDSRobert Hasty, DO

Friday, December 7, 2012

7:45 am – 8:00 amSign-in
 8:00 am – 10:00 amENT ReviewJose Mercado, PA-C
 10:00 am – 10:15 amBreak
 10:15 am – 11:30 amOphthalmologyWilliam Demshok, PA-C
 11:30 am – 1:00 pmPsychiatryGreg Burns, PA-C
 1:00 pm – 2:00 pmLunch Break
 2:00 pm – 5:00 pmOB/GYNCharity Ramsey, PA-C

**Please note that Barry University reserves the right to substitute lectures or lecture times to accommodate last-minute changes. Attendees will be notified of any changes at the earliest convenience.*

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I have enclosed my total payment in the amount of \$ _____ by (check one)

- Check made payable to BUSPM (Barry University School of Podiatric Medicine)
 American Express Visa MasterCard

Credit Card Number _____ Expiration Date _____ Access Code (3-4 digit #) _____

Name on Account _____

Billing Address _____

City _____ State _____ ZIP _____

Authorized Signature _____

Please send registration form and payment to:

Barry University – Continuing Medical Education, Attn: Solange Brinson
 11300 NE Second Avenue, Miami Shores, FL 33161-6695

Please indicate any special needs you may have. We will contact you regarding your requirements:



PHYSICIAN ASSISTANT PROGRAM
 11300 NE Second Avenue
 Miami Shores, FL 33161-6695



BARRY UNIVERSITY • PHYSICIAN ASSISTANT PROGRAM

2012 Primary Care Review Course

The Barry University Primary Care Review Course has been specifically designed to assist physician assistant students and physician assistants in their preparation for the NCCPA certification and recertification exams.

The course closely follows the NCCPA content blueprint in the selection of topics and overall organization to provide a well structured review of the subject matter in the certification and recertification exams.

The course also highlights the major aspects of primary care clinical medicine and will be useful for primary care physicians, family practitioners, physician assistants, nurse practitioners, and students in all these disciplines.

Each lecturer will present outlines, objectives, and practice questions for their respective topics, which will be organized in a comprehensive electronic syllabus and provided to each attendee.



Registration Fees

Current Barry PA Students	FREE
Barry University Alumni	FREE
Barry Adjuncts & Preceptors (active in past 12 months)	FREE
Governor Juan F. Luis Hospital Medical Staff	FREE
Non-Barry University PA Students (must provide copy of student ID or equivalent)	\$50 (USB included)
Physician Assistants	\$400 (USB included)
Course Syllabus on USB drive	\$20

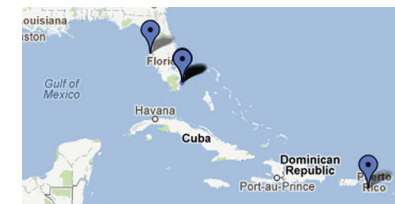
Locations

Lectures conducted via interactive videoconferencing; most lectures will originate in Miami and St. Petersburg, FL

Miami, FL
Barry University
Center for Community Health and Minority Medicine
320 NW 115th Street, Room 106
Miami Shores, FL 33168

St. Petersburg, FL
University Partnership Center at St. Petersburg College – EpiCenter
13805 58th Street North,
Rooms 2-308, 2-312
Largo, FL 33760

St. Croix, USVI
Governor Juan F. Luis Hospital & Medical Center
Virgin Islands Cardiac Center
4007 Estate Diamond Ruby
Ground Floor, Classroom 3
Christiansted, St. Croix, VI 00820



Accreditation

This program has been reviewed and is approved for a maximum of 41 hours of AAPA Category I CME credit by the Physician Assistant Review Panel. Physician assistants should claim only those hours actually spent participating in the CME activity. This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

Faculty Disclosure

Barry University's Physician Assistant Program will disclose any significant financial interest or other relationship with the manufacturers of any commercial products and/or providers of commercial services discussed in an educational presentation and with any commercial supporters of the activity.

Cancellation Policy

Barry University reserves the right to cancel the seminar because of hazardous weather conditions, low registration, etc. The Barry University Physician Assistant Program will make every effort to inform the participants as soon as possible in the event of cancellation. At no time will the Barry University PA Program be responsible for any other costs the registrant may have incurred.

For More Information

Please contact Barry University's Continuing Medical Education office by phone at 305-899-3266, 305-899-3255, or toll free at 800-319-3338, by fax at 305-899-6106, or email sbrinson@mail.barry.edu.



You can register online at
www.barry.edu/cme/pa

SEMINAR REGISTRATION FORM

Name _____ Title _____
 Address _____
 City _____ State _____ ZIP _____
 Phone () _____
 Fax () _____ Email _____
 License Information
 State _____ License Number _____

I AGREE to the conditions of this program.

Signature _____

Please indicate the location you wish to attend (*choose one*):
 Lectures conducted via interactive videoconferencing; most lectures will originate in Miami and St. Petersburg, FL

Miami – Miami Shores, FL St. Petersburg – Largo, FL St. Croix, U.S. Virgin Islands

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