April 2016 CONTINUING EDUCATION CALENDAR



AHEC Offices Statewide Office

1501 S. Joplin, Shirk Hall, 4th Floor Pittsburg, KS 66762 (620) 235-4040 phone (620) 235-4041 fax

AHEC West Office 205 East 7th, Ste. 130

Hays, KS 67601-4903 (785) 628-6128 phone (785) 628-6034 fax

AHEC Southeast Office

1501 S. Joplin, Shirk Hall, 4th Floor Pittsburg, KS 66762 (620) 235-4040 phone (620) 235-4041 fax

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Upcoming Programs

Advances in Blood and Marrow Transplantation 2016 Symposium

Saturday, April 16

Overland Park Convention Center 6000 College Blvd. | Overland Park, Kan.

For more information visit www.kumc.edu/ku-ahec then click BMT Symposium under the Health Care Professionals tab on the left.



Building an Immunity Community ACCINE Kansas Immunization Conference 2016

Salina Bicentennial Center, 800 The Midway, Salina, Kansas

OR MORE INFORMATION CALL (620) 2

www.facebook.com/KDHEnews



Visit our website



www.kumc.edu/ku-ahec

Visit our online calendar



www.kumc.edu/AHECCalendar

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KU Medical Center Area Health Education Center Presents:

Brown Bag Webinar Series



All sessions will be held from 12 - 1 p.m.

- April 5, 2016 Trauma
 - SpeakerKenton Olliff, Ph.D., LCPC, LCAC, NCCCredit1 hour APRNs, Nurses, Social Workers

April 12, 2016 Ethical Boundaries: Staying Inside the Lines Speaker Tim Davis, Ph.D.., LSCSW

- Credit 1 hour APRNs, Nurses, Social Workers
- April 19, 2016 Mindfulness

Speaker Kenton Olliff, Ph.D., LCPC, LCAC, NCC Credit 1 hour - APRNs, Nurses, Social Workers

April 26, 2016 Compassion Fatigue

Speaker Kyle Ermoian, BS, M.Div Credit 1 hour - APRNs, Nurses, Social Workers

Fee

Cost is determined as if attending as an individual participant or an organization.

\$100 - Organization (multiple employees)

\$50 - Individual Registration

* Call (620) 235-4040 with questions about organization registration.

Registration Deadline: March 29, 2016 Registrations turned in after this date will be charged an additional \$10. **Cancellation Deadline:** March 29, 2016

Location

These sessions will be broadcast via Zoom.

Target Audience

Physicians, Physician Assistants, Nurse Practitioners, Nurses, Social Workers, and other allied health professionals

To Register

Organization contacts may register their organization through one of three methods. **Email:** Email us at ahecpitt@kumc.edu and note "Registering for BBWS Geriatric Cluster" in the subject line. Please include the following information in your e-mail:

- Name of organization
- Mailing address
- Phone and fax numbers
- Name and e-mail address of organization contact person(s)*
- Number of employees attending
- Payment information
- **Phone:** Contact the KU Medical Center Area Health Education Center by calling (620) 235-4040.

Future Series Schedule

June/July: Pediatric Cluster Dates: To be determined

August/September: Trauma Cluster Dates: To be determined

October/November: Palliative Care Cluster Dates: To be determined

For more information: Contact the AHEC Statewide office at (620) 235-4040.

PALLIATIVE CARE FELLOWSHIP SERIES BROADCAST VIA ZOOM WEBCONFERENCING THURSDAYS

8 A.M. & 9 A.M.

SERIES SCHEDULE

Broadcasts are planned on the following Thursdays:

Remaining Broadcasts

April 7, 2016	May 19, 2016
April 14, 2016	June 2, 2016
April 28, 2016	June 9, 2016
May 5, 2016	June 16, 2016

* Information for each session will be available five working days prior to each session.

Please note: Due to the nature of a fellowship series, the need may arise to alter the planned schedule. Participants will be notified of changes as soon as possible should they occur. Individual session information will be updated online by visiting www.kumc.edu/ku-ahec and locating the Palliative Care Fellowship Series tab under the Health Care Professionals tab on the left hand side.

TOPICS OF PRESENTATIONS

Topics planned for the 2016 Spring Series include:

- The Grief Journey Many Pathways
- Severe Traumatic Brain Injury for HPM Providers
- Pediatric Symptom Management
- Neurologic Diseases at End of Life: MS, ALS, Parkinson's
- Palliative Radiation Therapy
- Goals of Care Across Transitions: Transportable Physician Orders for Life Sustaining Treatment
- Outside of the Bagel Box: Bringing Real Meaning to Compassion Fatigue, Self-Care and Burnout

BROADCAST TIMES

Each broadcast date will have two separate one-hour presentations with the first beginning at 8:00 a.m. and the second beginning at 9:00 a.m. Sessions will begin and end promptly.

HOW TO REGISTER

Participants may register for the entire series or register for individual sessions **To Register for the Series:** Please contact the KU Area Health Education Center at (620) 235-4040 or email ahecpitt@kumc.edu.

To Register for Individual Sessions: We recommend participants register and pay online with a credit card by visiting http://kuahec.kumc.edu/asp-kuahec. Registration over the phone is also accepted by calling (620) 235-4040 but payment via credit card will be required at the time of registration.

Registration for each session will close 48 hours prior to each session.

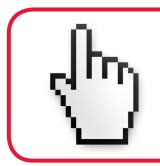
FEE

Series Registration (27 sessions) - \$275 Individual One-hour Session Registration - \$12.50 per session Individual session registration is available online at http://kuahec.kumc.edu/asp-kuahec.

For More Information: Contact the AHEC Statewide Office at (620) 235-4040.

CONTINUING EDUCATION (CNE)

April 19 Lyons, Kan. 9 a.m 12 p.m.	Fetal Heart Monitoring Pieces to the Puzzle: Basic Location: Lyons Federal Bank, 200 East Ave. South, Lyons, Kan. Speaker: Jessica Seib, RN, BSN Target Audience: RN, LPN Credit: 3 hours Cost: \$40 if postmarked by April 12, 2016; \$50 thereafter Cancelation Deadline: April 15, 2016 To Register: Register online at www.kumc.edu/AHECcalendar or see page 7 Contact: Area Health Education Center West at (785) 628-6128
April 19 Lyons, Kan. 1 - 4 p.m.	Fetal Heart Monitoring Putting the Pieces Together: Intermediate Location: Lyons Federal Bank, 200 East Ave. South, Lyons, Kan. Speaker: Jessica Seib, RN, BSN Target Audience: RN, LPN Credit: 3 hours Cost: \$40 if postmarked by April 12, 2016; \$50 thereafter Cancelation Deadline: April 15, 2016 To Register: Register online at www.kumc.edu/AHECcalendar or see page 7 Contact: Area Health Education Center West at (785) 628-6128



Look ahead online!

Want to see what programs are coming up? Visit our online calendar at www.kumc.edu/AHECcalendar to see upcoming events, download flyers, and register online.

VISION SCREENINGS

April 8	 Emporia, Kan Emporia State University, Visser Hall, Room 110 Registration: 11:30 a.m 12:00 p.m. Workshop: 12:00 - 4:00 p.m. Cost: \$75 if postmarked by March 31; \$85 thereafter. Cancellation deadline - April 5. Instructor: Mae Claxton, RN, COT
April 29	 Wichita, Kan KU School of Medicine-Wichita, Meadowlark Room, 1010 N. Kansas Registration: 11:30 a.m 12:00 p.m. Workshop: 12:00 - 4:00 p.m. Cost: \$75 if postmarked by April 21; \$85 thereafter. Cancellation deadline - April 26. Instructor: Mae Claxton, RN, COT

Each program is limited to the first 10 registrants. Payment or PO must accompany registration form to be considered registered for the workshop.

To Register: Visit http://kuahec.kumc.edu/asp-kuahec, See page 7, or call AHEC Southeast Office at (620) 235-4040 or AHEC West Office at (785) 628-6128.

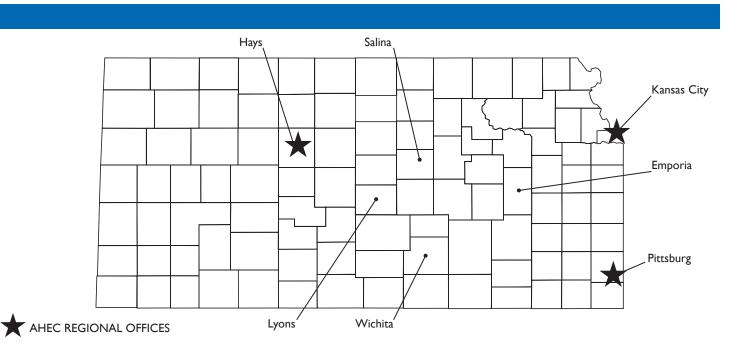
For More Information: Visit http://www.kumc.edu/community-engagement/ku-ahec/health-care-profession-als/hearing-and-vision-screenings.html

4 | Western Kan. AHEC, Hays (785) 628-6128 | AHEC NE, Kansas City (913) 588-1917 | AHEC SE, Pittsburg (620) 235-4040

AHEC OUTREACH CLINICS

HAYS:	Pediatric Behavior - Mar ~ Clinics via January 15, 2016 February 19, 2016 March 18, 2016 April 15, 2016 May 20, 2016 June 17, 2016		Pediatric Cardiology - K February 16, 2016 April 5, 2016 June 21, 2016 Pediatric Rheumatology Carol Lindsley, M.D. & J March 30, 2016	August 9, 2016 October 18, 2016 December 20, 2016	
PITTSBURG:	For more information or to make an appointment, Pediatric Rheumatology - Carol Lindsley, M.D. March 25, 2016 July 15, 2016 November 4, 2016 Patients can be scheduled through Kelly Sabol, (6)		Pediatric Cystic Fibrosis - Michael Lewis, M.D. May 17, 2016 August 30, 2016 November 15, 2016		

LOCATION MAP



AHEC POLICIES

In order to be able to provide quality continuing education programs at an affordable price, The University of Kansas Medical Center Area Health Education Center has the following policies.

Registration Policies:

- 1. By mail the registration form must be completed and accompanied by check, money order or credit card (MasterCard, Discover or Visa) for the correct amount made payable to KU Medical Center AHEC.
- 2. By telephone registrations will only be accepted over the phone with a credit card guarantee (MasterCard, Discover or VISA) or Purchase Order Number. Participants will not be considered registered/enrolled for a program unless the appropriate fee has been paid prior to the offerings' preregistration date.
- 3. Online online credit card registrations are available at www.kumc.edu/AHECcalendar

Additional Policies:

- 1. A late fee of \$10.00 will be assessed if the registration is received after the announced preregistration date, or if the payment is made at the door. Registrations at the door will be accepted only if space is available. Preregistration is your only guarantee of space and handout material.
- 2. Cancellation policy: A registrant may cancel within the cancellation deadline for that program to receive a refund, minus a \$15.00 administrative fee. After that time, no refunds are made. The registration fee will not be transferred to future offerings. Refunds are made by mail. KU Medical Center AHEC reserves the right to cancel programs and return all fees in the event of insufficient registration. If a program is cancelled by the AHEC, the paying party will be provided a full refund (refunds are issued from The University of Kansas Medical Center and cannot be issued through the AHEC offices). KU Medical Center AHEC will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

Cancellation Policy:

A registrant may cancel within the cancellation deadline to receive a refund, minus a \$15 administrative fee. After that time, no refunds are made. Complete cancellation policy is listed on page 8 under Additional Policies.

Program Accessibility:

We accommodate persons with disabilities. Please call our office or indicate on the registration form and a continuing education representative will contact you to discuss your needs. In order to assure accommodation, please register at least two weeks before the start of the event.

Attendance Policy for Nursing, Social Work and Allied Health Programs:

If a participant misses more than 10% of an offering, a certificate of continuing education will not be issued. Partial credit is NOT given unless specifically noted.

Equal Opportunity Statement:

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785)864-6414, 711 TTY.

Continuing Education Credit:

Nursing - The University of Kansas Medical Center Area Health Education Centers - West (KSBN Provider Number LT0086-1149) and East (KSBN Provider Number LT0056-0749), as approved providers of continuing education by the Kansas State Board of Nursing, present these offerings for the designated credit hours listed applicable for relicensure of APRNs, RNs, and LPNs.

Social Work - The University of Kansas Medical Center Area Health Education Center - East (KSBSRB Provider Number 12-002), as an approved provider of continuing education by the State of Kansas Behavioral Sciences Regulatory Board for the designated credit hours listed applicable for relicensure of LASWs, LBSWs, LMSWs, and LSCSWs.

As appropriate, application has been made to additional accrediting organizations for continuing education credit. Application does not mean approval has been granted at the time this calendar was printed. Contact the AHECs for more information.

AHEC Continuing Education Calendar

We strive to keep our mailing list as up-to-date and accurate as possible. If you receive duplicates, have an incorrect address or would like to be removed from the mailing list, please call (620) 235-4040 or e-mail: rpommier@kumc.edu

REGISTRATION FORM

TWO WAYS TO REGISTER!



Register Online

Register for programs online by visiting www.kumc.edu/AHECcalendar or by scanning the code to the left on your mobile device. *Online registration not available for all programs

Register by Mail/Phone/Fax HEC Statewide Office Phone: (620) 235-4040

AHEC Statewide Office 1501 S. Joplin Shirk Hall, 4th Floor Pittsburg, KS 66762

Fax: (620) 235-4041

Contact Information

Name	Professional Title
Please check (✓) preferred address: □ Home Address	Work Mailing Address
Street	Street
City/State/Zip	
County	
Employer	
Professional License #	Email Address
Home Phone ()	Work Phone () - Cell Phone () -

Program Selection

Check the program(s) you wish to attend:	Amount
□ April 8: Vision Screening - Emporia, Kan.	\$
\$75 if postmarked by March 31; \$85 thereafter. Cancellation deadline - April 3.	
April 19: Fetal Heart Monitoring	\$
□ Basic Only - \$40 if postmarked by April 12, 2016; \$50 thereafter.	
□ Intermediate Only - \$40 if postmarked by April 12, 2016; \$50 thereafter.	
□ Both Basic and Intermediate - \$80 if postmarked by April 12, 2016; \$90 thereafter.	
Cancellation deadline - April 15, 2016.	
April 29: Vision Screening - Wichita, Kan.	\$
\$75 if postmarked by April 21; \$85 thereafter. Cancellation deadline - April 26.	

REGISTRATION TOTAL \$

Method of Payment

Check enclosed for \$ made payable to KU M	edical Ce	nter AHEC	
P. O. # (please attach)			OFFICE USE ONLY
Charge credit card: MasterCard VISA Discover	ver		
Card No			
Exp. Date 3-digit Security Code			
Name on Card			
Billing Address			
street city	state	zip	
Receipt emailed to			