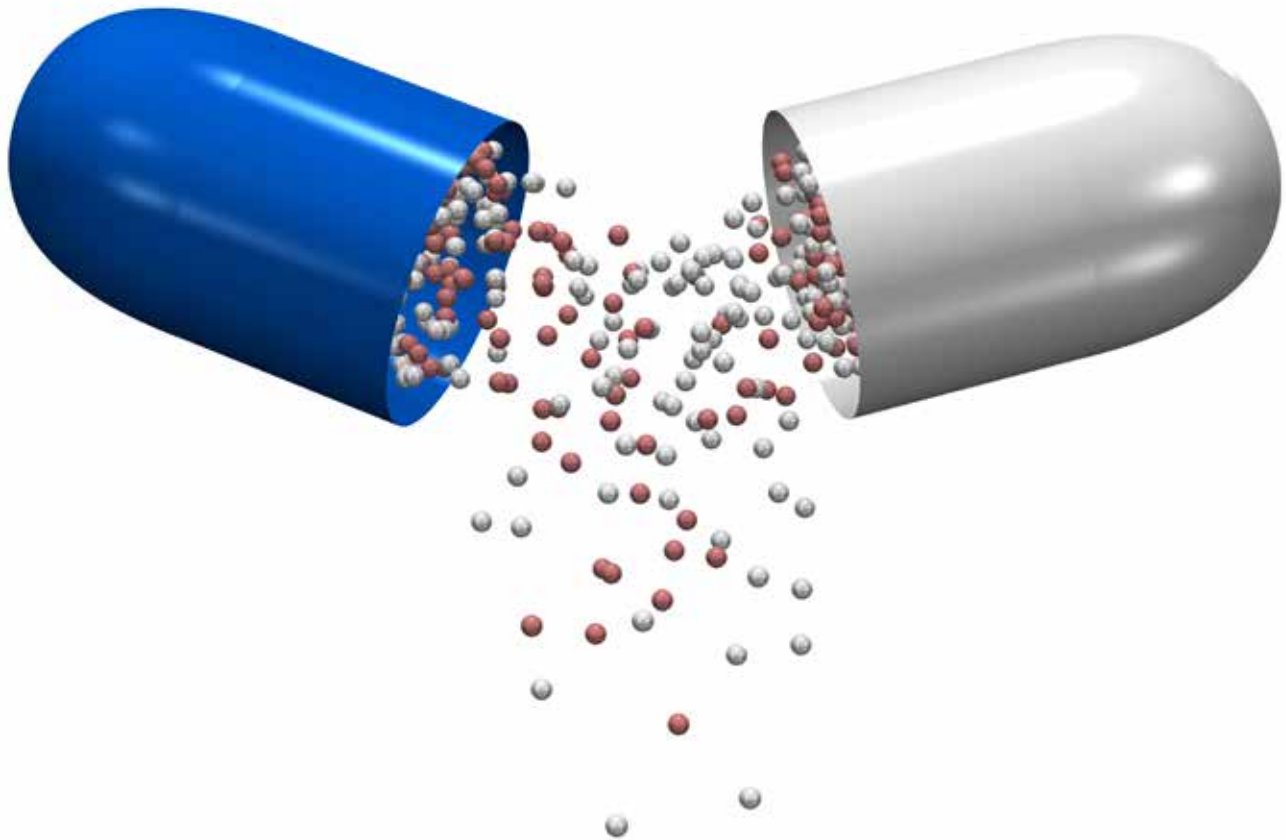




New Medications for Primary Care 2016



Friday

October 21, 2016

9 a.m. - 3:30 p.m.

LOCATION

Scotland Memorial Hospital- Dulin Center
500 Lauchwood Drive
Laurinburg, NC

**SOUTHERN
REGIONAL AHEC**
AREA HEALTH EDUCATION CENTER

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

Target Audience

Pharmacist and other health professionals interested in new medication updates for primary care.

Program Description

This day program on new medications will correlate to the market, e.g., new medications for diabetes, new insulin preparations, new cardiovascular research surrounding medications, new antibiotics and new medication for heart failure.

Learning Objectives

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

- Identify new therapeutic agents recently introduced to the market and explain their indications;
- Describe the most important adverse events and precautions of each new therapeutic agent;
- Compare and contrast new medications to others within similar therapeutic categories;
- Describe any important drug interactions and pharmacokinetic parameters that are clinically relevant; and
- Discuss any evidence-based clinical trials that may be published about the medications to aid in therapeutic selection.

Pharmacy Tech Objective: List new therapeutic agents recently introduced to the market.

Speaker

Kelly Jones, PharmD, BCPS, Director of Pharmacotherapy Education, Associate Professor of Family Medicine, McLeod Family Medicine Center. Dr. Jones is a graduate of the Medical University of South Carolina where he received his B.S. in Pharmacy and Pharm.D and completed his fellowship. He has been with McLeod Family Medicine Residency Program since his graduation in 1989. Dr. Jones was born in Fountain Inn, South Carolina. He is married and has a blended family of six children. He requests prayer and will work for food. Dr. Jones enjoys family, writing music, and a new found hobby as being a grandfather of two girls and one boy!

Agenda

8:30 a.m.	Registration
9 a.m.	New Medication Update
12 p.m.	Lunch
12:30 p.m.	New Medication Update
3:30 p.m.	Adjourn

Fee

\$159 registration fee for individuals on or before October 13, 2016; \$169 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 signatures in lieu of payment. Access to workshops materials and handouts cannot be released until payment is received.

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.

Important Information

The handouts for the program will be provided online through MyCE located on the SR-AHEC website (www.sr-ahec.org). 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

Credit

CEU: .60; Contact Hours: 6.0

ACPE: 6.0 hours of ACPE credit will be awarded to pharmacists and pharmacy technicians who attend 100% of this program.

ACPE# 0046-9999-16-138-L01-P

Disclosure: Southern Regional AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Disclosure of faculty/planning committee members and commercial relationships will be made known at the activity. Speakers are also 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 UNC Eshelman School of Pharmacy is accredited by the Accreditation Council of 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.

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.

Contacts

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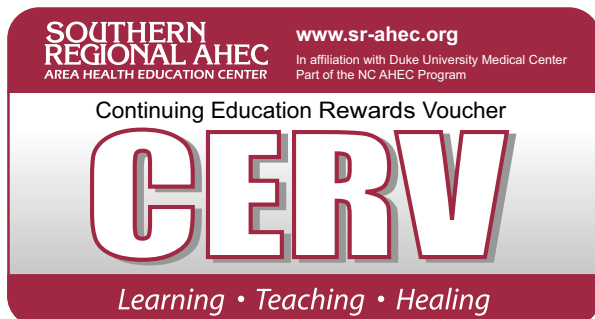
Director of Pharmacotherapy Education - SR-AHEC

Clinical Associate Professor - UNC/CH School of Pharmacy

PGY1 Pharmacy Residency Director - CFVHS / SR-AHEC

(910) 678-7302 / Susan.Miller@sr-ahec.org

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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.

Medications for Primary Care 2016
CASCE # 49749

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

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=49749>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Name Last 4 digits of SS#

Certifications/Degrees Specialty Area

Employer Job Title

Work Address City State Zip Code

Home Address City State Zip Code

Phone (work) (home)

Email (primary) (secondary)

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

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

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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