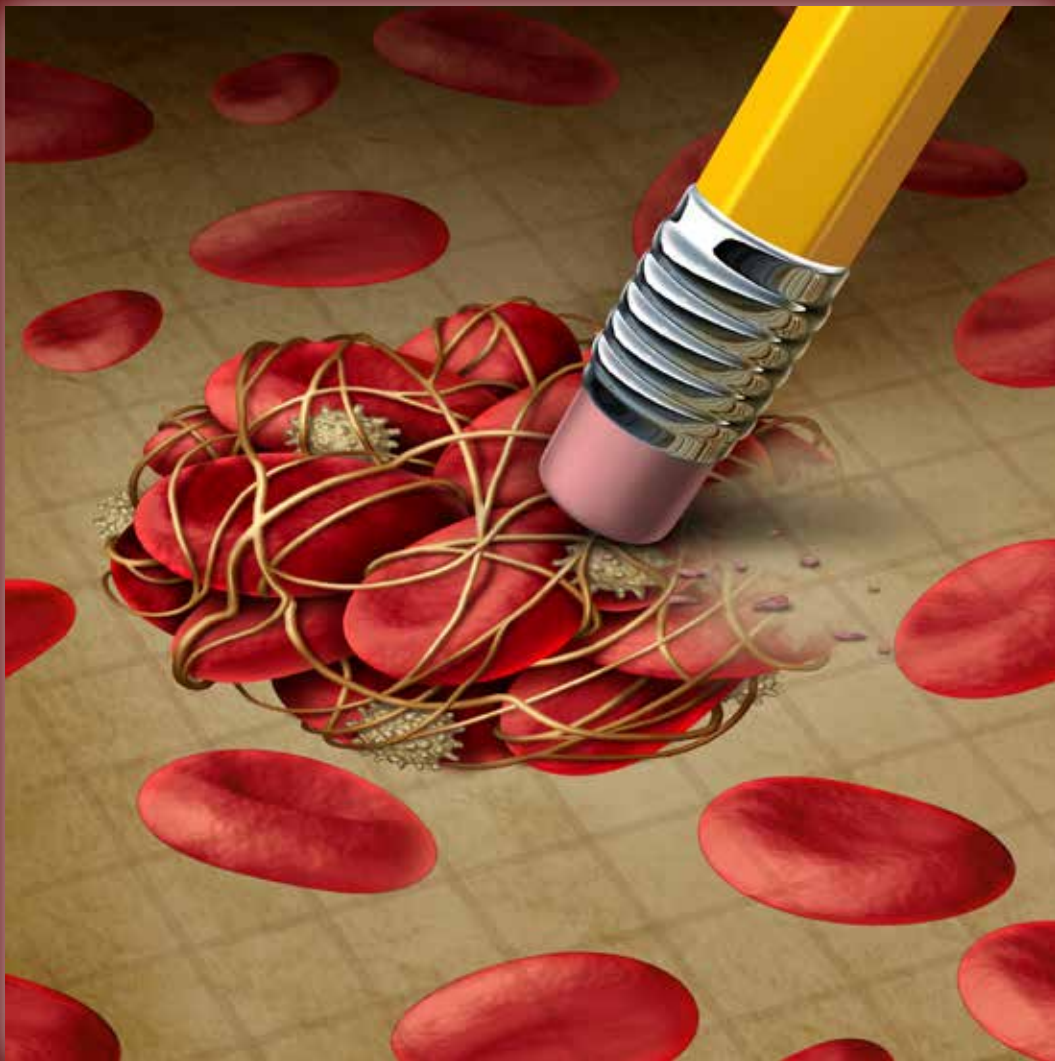




ANTICOAGULATION



Tuesday

May 24, 2016

6-8 p.m.



SR-AHEC, Gerald A. Strand CE Auditorium
1601 Owen Drive, Fayetteville, NC 28304



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

Target Audience

Pharmacists and other health professionals interested in anticoagulation.

Program Description

This two hour evening forum will provide relevant information on anticoagulation for health professionals.

The handouts for this program will be provided online through MyCE from SR-AHEC's website. Early registration is encouraged, as full access instructions will be mailed with your registration confirmation via e-mail.

Learning Objectives for Pharmacists

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

- Explain the signs and symptoms of clots, including deep vein thrombosis (DVT) and pulmonary embolism (PE);
- Understand how the pathophysiology of atrial fibrillation increases the risk of thromboembolic stroke;
- Describe strategies or incorporating screening and evidence-based risk assessment in clinical practice to identify patients with atrial fibrillation who require oral anticoagulation;
- Select the most appropriate oral anticoagulation for patients with atrial fibrillation based on clinical evidence from trials, prescribing information, and guidelines;
- Review effective strategies for educating patients about adherence to non-warfarin oral anticoagulation therapy; and
- Summarize how pharmaceutical care is applied for patients requiring anticoagulation therapy.

Speaker

Kimberly P. Lewis, B.S., Pharm.D., BCACP, CPP
Clinical Assistant Professor of Pharmacy Practice
Campbell University College of Pharmacy and Health Sciences;
Associate Director of Pharmacotherapy Education
Southern Regional-AHEC.

Agenda

5:30 p.m.	Registration and Dinner (provided)
6 p.m.	Anticoagulation
8 p.m.	Adjourn

Fee

\$40 registration fee
Dinner will be provided.

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

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.

Credit

CEU: 0.2

Contact Hours: 2.0

ACPE: 2.0 hours of ACPE credit will be awarded to pharmacists and pharmacy technicians who attend 100% of this program.

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.

ACPE# 0046-9999-16-091-L01-P/T

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.

Contacts

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SR-AHEC Director, Dental and Pharmacy CE, CME

(910)-678-7034/Tamika.Perkins@sr-ahec.org

Susan Miller, Pharm.D., MBA, BCPS, FCCP

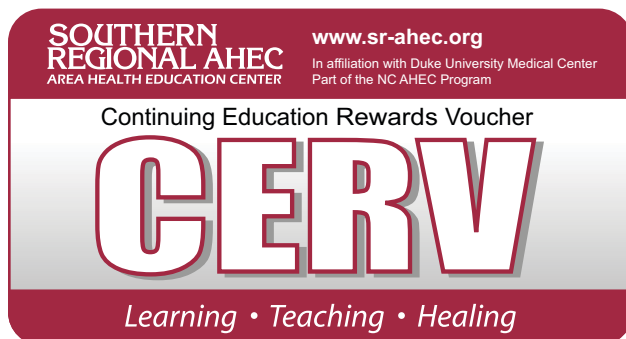
Director of Pharmacotherapy Education - SR-AHEC

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.

Anticoagulation
CASCE #49336 / PR160524

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

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=49336>

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) Are you an NCC?

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

Payment Information

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.

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
1601 Owen Drive • Fayetteville, NC
910-678-7226