An Interdisciplinary Approach to Best Practices in Opioid Prescription Management

Wednesday, February 1, 2017
Northeast Regional Library | 1241 Military Cutoff Road
6:00pm – 8:30pm

Join us for an evening educational session focusing on the CDC update to opioid guidelines for chronic pain. Gain a better understanding of when opioid therapy is indicated and how to effectively determine if continued therapy is warranted.

Presented by: Robert “Chuck” Rich, Jr., MD & Kim Thrasher, PharmD, BCACP, FCCP, CPP

Featuring local resources for alternative therapies to address chronic pain

6:00–6:45pm  Dinner & Alternative Therapy Resource Fair
6:45–8:15pm  Educational Program
8:15–8:30pm  Wrap-Up and Conclusion

Click Here to REGISTER NOW!
$25 includes dinner and credit
Learning Objectives:
Upon completion of this program, participants should be able to:
- Describe the CDC update to opioid prescribing guidelines for chronic pain
- Explain these guidelines and suggestions to both healthcare providers and covered patients
- Identify when opioid therapy is indicated and how to effectively determine if continued therapy is successful/warranted
- Describe other methods (both non-pharmacologic and non-opioid pharmacologic) to effectively treat chronic pain

Target Audience:
Physicians, Physician Assistants, Residents, Advanced Practitioners, Registered Nurses, Dentists, Pharmacists and any other interested healthcare professionals.

Accreditation & Disclosures:
SEAHEC adheres to the North Carolina Medical Society’s and the ANCC Essentials and standards regarding industry support of continuing medical education. Commercial support for the program, and faculty relationships within the industry, will be disclosed at the activity. Speakers will also state when off-label or experimental use of drugs or devices is incorporated in their presentations. Participation in an accredited activity does not imply endorsement by SEAHEC, NCMS or NCNA of any commercial products displayed in conjunction with an activity.

Credit Statements:
CME Credit: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the North Carolina Medical Society through the joint providership of South East Area Health Education Center (SEAHEC) and Community Care of the Lower Cape Fear. SEAHEC is accredited by the NCMS to provide continuing medical education for physicians. SEAHEC designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

1.5 Nursing Contact Hours
Accreditation: SEAHEC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an approved approver by the American Nurses Credentialing Center’s Commission on Accreditation. (No partial credit will be given)

Pharmacy Credit: 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. The program ACPE# 0046-9999-17-043-L01-P provides 1.5 contact hours of continuing pharmacy education credit. To receive CE, you must complete the CE attendance form and the online evaluation of the program. Statements of credit can be viewed and printed in CPE Monitor in approximately 2 to 3 weeks.

1.5 Contact Hours
American Dental Association SEAHEC is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. SEAHEC designates this activity for 1.5 continuing education credits.

SEAHEC REGISTRATION FORM [Course #: I5146]

Course Name: An Interdisciplinary Approach to Best Practices in Opioid Prescription Management
Date: February 1, 2017
Registration fees: □ $25
Name: ____________________________ Last Four Digits of SS#: __________
Credentials: ________________________ Title/Occupation: ________________
Preferred e-Mail Address: __________________________

In order to receive all course notifications and materials, please provide a preferred e-mail address. Thank you!

Home Address: ____________________________ Home Phone: ________________
Home City/State/Zip: ____________________________ Work Phone: ________________
Work Address: ____________________________ Work City/State/Zip: ________________
Work Phone: ____________________________ Work Phone: ________________

Payment method (if applicable): □ Cash □ Check □ VISA □ MasterCard
□ Corporate Credit Card □ Personal Credit Card

Credit Card #: ____________________________ Expiration Date: ________________
Print Cardholder Name as it Appears on Card: ____________________________
Credit Cardholder’s Address: ____________________________ Zip Code: __________
Credit Cardholder’s Signature: ____________________________