

## Updates and Review of Common Infections in the Outpatient Setting

Nov. 2, 2015

6:30–8:30 pm

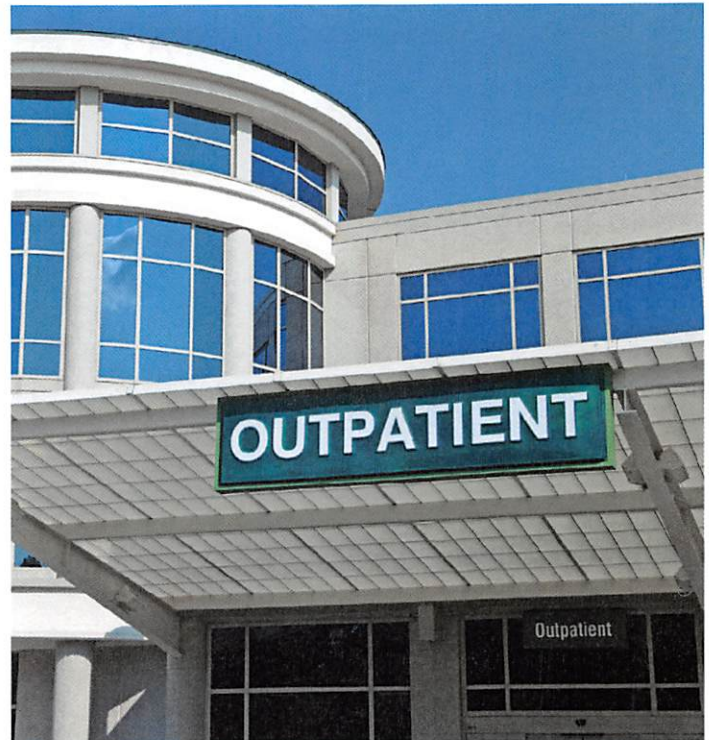
Watauga Medical Center  
Boone, N.C.

### Program Overview and Objectives

This knowledge-based program is designed to provide an overview of common infections in the outpatient setting including pharmacotherapy of related antibiotics.

**Upon completion of the program, participants should be able to:**

- Evaluate antimicrobial therapy for appropriateness in outpatients with urinary tract infections, pneumonia, and skin and soft tissue infections.
- Describe characteristics of the above mentioned infections, including diagnosis, microbiology and duration of treatment.
- Apply updates from IDSA guidelines to clinical practice.
- Recall information on the new antibiotics approved for skin and soft tissue infections.



Register online at [northwestahec.org](http://northwestahec.org)

### Who Should Participate

The target audience for this program is pharmacists and pharmacy technicians.

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## Faculty

**Geoffrey Mospan, PharmD, BCPS**

Assistant Professor, Pharmacy  
Wingate University School of Pharmacy  
Hendersonville, N.C.

## Location

**Watauga Medical Center**

Auditorium

336 Deerfield Road  
Boone, NC 28607



[► Click Here for Directions](#)

## Credits

- 2.0 Contact Hours from Northwest AHEC
- This program will provide 2.0 contact hours of continuing pharmacy education credit.



ACPE #: 0046-9999-15-079-L01-P / 0046-9999-15-079-L01-T

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.

AHEC Faculty Coordinator:

**Julienne K. Kirk, PharmD, CDE, Professor**

Family and Community Medicine  
Wake Forest School of Medicine

**No partial credit will be offered for this program.**

Continuing Education Credit: To receive CE credit, participants must pre-register and acknowledge their attendance by signing in at the beginning of the program. Participants must attend 100 percent of the program and participate in learning activities. Statements of credit can be viewed and printed from CPE Monitor.

Important new requirement from the Accreditation Council for Pharmacy Education (ACPE) and the National Association of Boards of Pharmacy (NABP) for all pharmacists and technicians who obtain CPE credit. The CPE Monitor system will securely track all your completed CPE credits in a central system. Learn about the new requirement at [www.nabp.net](http://www.nabp.net).



Jointly provided by:

Northwest Area Health Education Center (AHEC), a program of Wake Forest School of Medicine and part of the NC AHEC System and the University of North Carolina Eshelman School of Pharmacy.



**THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL**

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## Program Schedule

**Monday, Nov. 2, 2015**

- |         |   |
|---------|---|
| 6 pm    | <b>Registration and Light Dinner</b>  |
| 6:30 pm | <b>Updates and Review of Common Infections in the Outpatient Setting</b><br>Geoffrey Mospan, PharmD, BCPS |
| 8:30 pm | <b>Adjourn</b>  |

## Cost and Registration

\$50—For pharmacists, if by postmarked by October 24, 2015 / after \$65

\$25—For pharmacy technicians, if postmarked by Oct. 24, 2015 / after \$30

\$40—For HCPA\* pharmacists, if postmarked by Oct. 24, 2015 / after \$50

\$20—For HCPA\* pharmacy technicians, if postmarked by Oct. 24, 2015 / after \$25

\* High Country Pharmacy Association members

**Registration fee** includes instructional and administrative costs, certificate of completion, program materials and light dinner (sandwich and sides).

**Register and pay online** at [northwestahec.org](http://northwestahec.org) or complete and return the attached registration from. Payment by credit card (Visa, MasterCard, American Express), cash, money order, personal check or corporate check is accepted.

### Payment Policy:

Payment is required on or before entrance into any Northwest AHEC activity. If a corporate payment has not been received prior to the activity start date, you will be required to provide a personal credit card or check. If the corporate payment has not been received two weeks post activity, your personal credit card or check will be charged or cashed. To avoid personal payment, you should check with the financial staff at your organization to determine status of payment.

### Refund Policy:

Cancellations received in our office at least two days prior to the activity will result in a charge of \$50, or 30 percent of the paid registration fee, whichever is less. The registration fee will not be refunded if a cancellation is received less than two days before the activity. You may send a substitute in your place.

Note, if you have not received confirmation of your registration 24 hours before the program date, please call Lisa Maurer at 336-713-7715 or email [emaurer@wakehealth.edu](mailto:emaurer@wakehealth.edu) to verify the status of your registration.

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## Registration Form

Register online at [northwestahec.org](http://northwestahec.org)

Please select registration fee:

- ☐ \$50—For pharmacists, if by postmarked by Oct. 24, 2015 / After \$65
- ☐ \$25—For pharmacy technicians, if postmarked by Oct. 24, 2015 / After \$30
- ☐ \$40—For HCPA\* pharmacists, if postmarked by Oct. 24, 2015 / After \$50
- ☐ \$20—For HCPA\* pharmacy technicians, if postmarked by Oct. 24, 2015 / After \$25

\* High Country Pharmacy Association members

**Register and pay online** at [northwestahec.org](http://northwestahec.org) or complete and return this form. Payment by credit card (Visa, MasterCard, American Express), cash, money order, personal check or corporate check is accepted.

Name \_\_\_\_\_

Profession \_\_\_\_\_ Degree/Credentials \_\_\_\_\_

Job Title \_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_

Employer \_\_\_\_\_

**Contact Method:**    ☐ Mail Only    ☐ Email Only \_\_\_\_\_ ☐ Both

Mailing Address (☐ Home / ☐ Office)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

### Payment Method:

☐ Cash                      Amount Enclosed \_\_\_\_\_

☐ Check                      Check No. \_\_\_\_\_

Make check payable to: Wake Forest School of Medicine

☐ Credit Card    ☐ Visa    ☐ MasterCard    ☐ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

### Mail to

Northwest AHEC \ Wake Forest School of Medicine  
Medical Center Boulevard \ Winston-Salem, NC 27157-1060  
Attention: Lisa Maurer  
or fax to: 336-713-7701

**ACPE Credit** (Pharmacy only)

\_\_\_\_\_

NABP #

\_\_\_\_\_

Pin (mmdd of birthday)



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