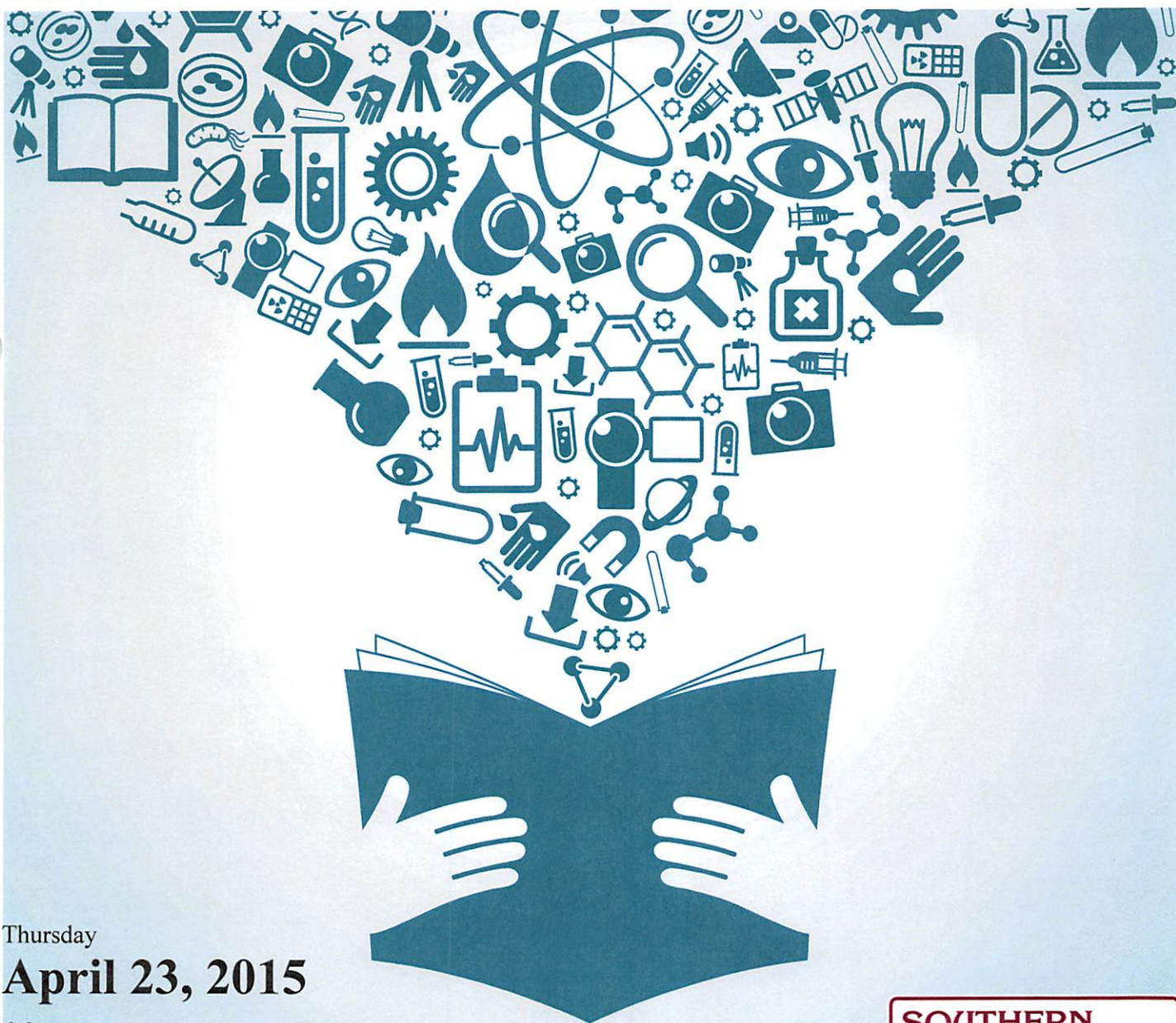




The Challenge of Variable Health Literacy



Thursday

April 23, 2015

6-8 p.m.

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

**SOUTHERN
REGIONAL AHEC**
AREA HEALTH EDUCATION CENTER

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

Target Audience

Pharmacy technicians

Program Description

This program will address health literacy as a barrier to optimal patient communication and understanding. High risk populations and methods to improve patient understanding in these populations will be discussed.

Objectives

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

- Discuss the growing problems of low health literacy in the United States;
- Identify high risk populations for low health literacy;
- Discuss some barriers to health literacy;
- Describe methods to improve understanding among patients with limited health literacy; and
- Identify ways to incorporate using "lay language" in patient communication.

Faculty

J. Andrew Bowman, Pharm.D., R.Ph.

Director of Continuing Professional Education

Assistant Clinical Professor of Pharmacy Practice

Campbell University College of Pharmacy & Health Sciences

Credit

CEU: 0.2 CEUs will be awarded to all participants who attend 100% of the educational activity.

ACPE: 2.0 hours of ACPE credit will be awarded to pharmacists who attend 100% of the program.

ACPE# 0046-9999-15-078-L04-T

In collaboration with UNC Eshelman School of Pharmacy.



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. 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.

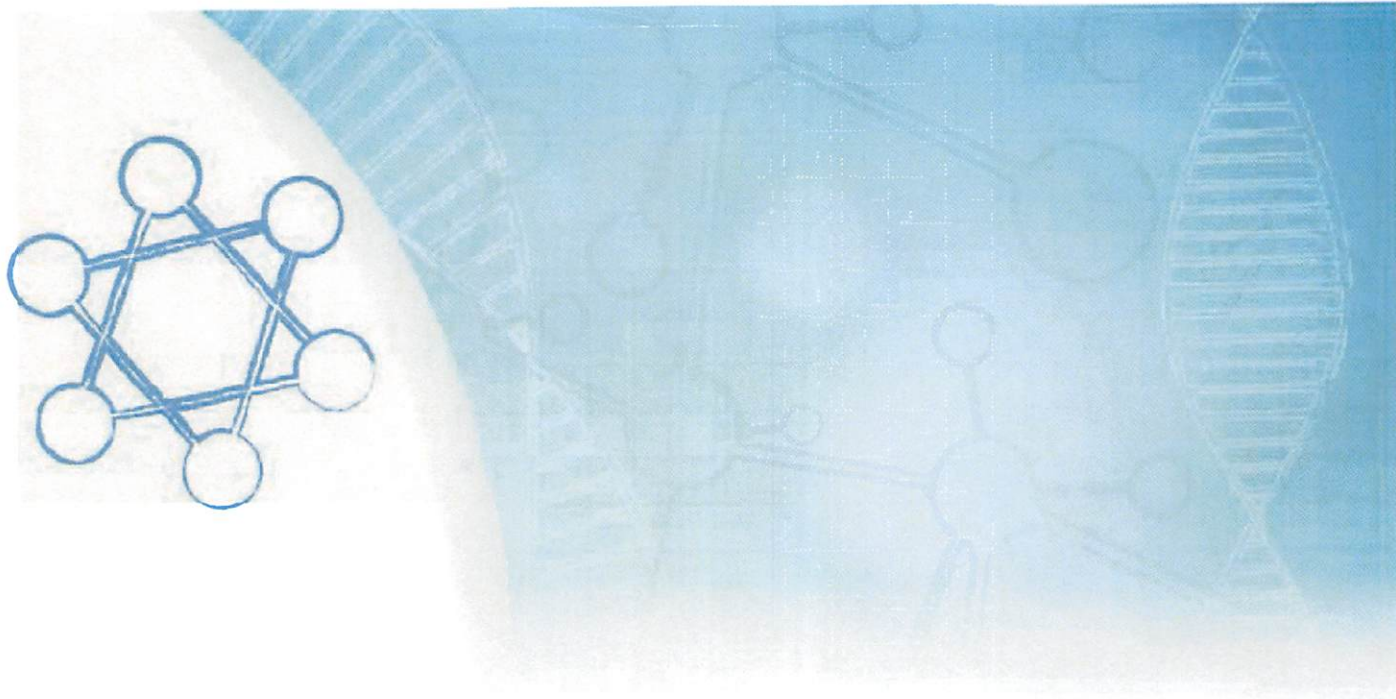
Contact Hours: 2.0

Agenda

5:30 p.m. Sign-in and Dinner (provided)

6 p.m. **The Challenge of Variable Health Literacy**

8 p.m. Adjourn



Fee

Registration Fees: \$40 if registration and payment are postmarked on or before April 19; \$50 thereafter.

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 program materials and handouts cannot be released until payment is received. Early and regular rates will be determined by the date of receipt.

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.

Contacts

Barbara Smith, RDH, MS
SR-AHEC Director, Dental and Pharmacy CE
(910) 678-7034 / Barbara.Smith@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

**For information on program
registration, call 910-678-7226.**

Registration Form

Form may be duplicated.

The Challenge of Variable Health Literacy

CASCE #46155 / PR150423

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

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=46155>

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

Name _____ Last 4 digits of SS# _____

Certifications/Degrees _____ Specialty Area _____ NAPB e -Profile ID # _____

Employer _____ Job Title _____

Work Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Phone (work) _____ (home) _____

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

Email (primary) _____ (secondary) _____

☐ Do not send email announcements of upcoming SR-AHEC programs.

☐ Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies _____

Payment Information

☐ Check (Make payable to SR-AHEC)

☐ Mastercard / Visa # _____ Expiration Date (mm/yy) _____

Name on Card _____ Signature _____

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 access instructions will be sent with registration confirmation via e-mail.

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to: <http://sr-ahec.org/ContinuingEd/CE.html>

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____

www.sr-ahec.org

1601 Owen Drive • Fayetteville, NC

910-678-7228

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