



New York State Society of Physician Assistants

Certified Diabetes Educator Workshop

October 4-5, 2018

Registration Fee:

Member - \$350 Non-Member - \$425

Target Audience:

PA's, Pharmacists, RN's, NP's, RD's, Social Workers and Physicians

Overview:

This Diabetes Workshop is a multi-day course designed to prepare health professionals for the Initial Certified Diabetes Educator® (CDE®) examination. It also prepares health professionals in the principles and skills required for chronic disease management. The curriculum includes content areas of the initial Certified Diabetes Educator® (CDE®) examination and the American Diabetes Association's National Standards for Diabetes Self-Management Education (DSME) programs.

Program

Day 1 Thursday, October 4, 2018 • 8:00 am - 4:00 pm

7:30 am - 8:00 am

Registration, Continental Breakfast

8:05 am - 8:15 am

Welcome

8:15 am - 10:30 am

Diabetes Self-Management Education

Lisa Hodgson, RD, CDN, CDE and Judy Carr, MS, RD, CDN, CDE

10:30 am - 11:00 am

Refreshment Break

11:00 am - 12:30 pm

Disease Process

Judy Carr, MS, RD, CDN, CDE

12:30 pm - 1:00 pm

Break

1:00 pm - 2:30 pm

Medication Core Concepts *(with boxed lunch)*

Jennifer Hofmann, MS, PA-C

2:30 pm - 4:00 pm

Advanced Medication Management

Jennifer Hofmann, MS, PA-C



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Program

Day 2 Friday, October 5, 2018 • 8:00 am - 4:00 pm

7:30 am - 8:00 am	Registration, Continental Breakfast
8:00 am - 9:00 am	Acute Complications <i>Michelle Melchiorre MS,BC-ADM PA-C</i>
9:00 am - 10:00 am	Special Populations <i>Michelle Melchiorre MS,BC-ADM PA-C</i>
10:00 am - 10:30 am	Break and Exhibit Hall
10:30 am - 12:30 pm	Nutrition <i>Michelle Melchiorre MS,BC-ADM PA-C</i>
12:30 pm - 2:00 pm	Vascular and Neuropathic Complications (with boxed lunch) <i>Michelle Melchiorre MS,BC-ADM PA-C</i>
2:00 pm - 2:30 pm	Break and Exhibit Hall
2:30 pm - 3:30 pm	Monitoring and Management <i>Michelle Melchiorre MS,BC-ADM PA-C</i>
3:30 pm - 4:00 pm	Psychosocial Support of the Diabetic Patient <i>Michelle Melchiorre MS,BC-ADM PA-C</i>

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of Albany Medical College and The New York State Society of Physician Assistants. Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Albany Medical College designates this Enduring Material activity for a maximum of 29.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For additional information or assistance with this form, telephone: 917-679-4005.

Online registration is available at www.nysspa.org

Or you may mail the completed form to NYSSPA Registration, 174 S. New York Rd., POB 606, Oceanville, NJ 08231
or Fax :609-573-5064 or email: meetings@nysspa.org

CONTACT INFO: (please print or type)

☐ Please check if assistance is needed



Dr./Prof./Mr./Ms.	Last Name	First Name	M.I.	Degree
Preferred First Name _____ Affiliation _____				
Position/Title _____ Department _____				
Address _____				
City _____ State/Province _____ Postal Code _____ Country _____				
Telephone _____ Email _____				

Certified Diabetes Educator Workshop

Thursday, October 4, 2018 8:00 – 4:00pm

Friday, October 5, 2018 8:00 – 4:00pm

☐ Member – \$350.00

☐ Non-Member – \$425.00

METHOD OF PAYMENT

If you require special payment arrangements please contact the office at 917-679-4005.

☐ Enclosed is a check **payable to NYSSPA**. Checks must be payable in U.S. Dollars and issued by a U.S. Correspondent Bank. Each registrant is responsible for any and all bank charges. A \$50.00 processing fee will be charged for checks returned unpaid.

☐ I wish to pay my fees by **credit card**. Please note: this charge will appear on your statement as "NYSSPA".

☐ Amex (15 digits) ☐ Master Card (16 digits) ☐ Visa (16 digits)

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Expiration Date: ____ / ____ Validation Code _____ (3 digit code on the back of V/MC and 4 digit on front of AMEX)

Address associated with the Card if different from address listed above: _____

Name on Card (please print): _____

Authorizing Signature: _____

Note: Registrations paid by credit card may be faxed to 609-573-5064. Keep a copy of your fax transmittal confirmation for your record. If faxing, do not mail the original form. Doing so may result in duplicate charges to your credit card. Please do not email your credit card information.

CANCELLATION POLICY

If you must cancel your registration, all requests must be received in writing by NYSSPA Registration or via email to meetings@nysspa.org or faxed to the number above and post-marked or transmitted electronically **no later than September 20, 2018**. All fees paid will be refunded minus a \$50.00 processing fee. **There will be no refunds after September 20, 2018.**