

HPV: You Are the Key to Cancer Prevention

Overland Park, Kan. August 29, 2017

Planning Committee

Laura Connolly, MBA, MSN, RN, CPHQ, UnitedHealthcare Community Plan of Kansas Quality Director; Susan Hood, RN, MSN, Director, Quality Improvement, Sunflower Health Plan; Cynthia Kay Small, RN, MPH, Director II, Quality Management, Amerigroup Kansas, Inc.; Dan Leong, Health Systems Manager, State-Based, North Region, American Cancer Society, Inc.; Joshua Mammen, M.D., Ph.D., University of Kansas Medical Center, Kansas Commission on Cancer; Mary Beth Warren, MS, RN, Executive Director, University of Kansas Medical Center, Area Health Education Centers

Continuing Education Credit

All participants requesting continuing education credit must complete validation of attendance and evaluation form online for each session attended. The link, instructions, and deadlines for completion will be emailed to registered participants prior to each session.

Physicians: The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The KU Medical Center Office of Continuing Medical Education designates this live activity for a maximum of 2.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

APRNs/Nurses: The University of Kansas Medical Center Area Health Education Center West is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 3.0 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0086-1149. Karen Aufdemberge BSN, Coordinator.

Social Workers: The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board presents this offering for a maximum of 3.0 hours credit applicable for relicensure of LASWs, LBSWs, LMSWs and LSCSWs. Kansas Provider Number 12-002. Karen Aufdemberge BSN, RN, coordinator.

If a participant misses more than 10% of an offering, a certificate of continuing education will not be issued. Partial credit is NOT given.

All other attendees will receive a certificate of attendance.

Cancellation Policy

After registering if your plans change and you will not be able to attend the event, please notify our office at (620) 235-4040 as soon as possible.

KU Medical Center AHEC reserves the right to cancel the program in the event of insufficient registrants. KU Medical Center AHEC will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges and hotel deposits.

Program Accessibility

We accommodate persons with disabilities. Please contact the box below and a continuing education representative will contact you to discuss your needs.

Non-Discrimination Statement

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression, or genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 100, Lawrence, KS, 66045, (785)864-6414, 711 TTY.

Registration Form

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Register Online

Register for programs online by visiting www.kumc.edu/AHEC/overland or by calling 620-235-4040. Enter the code to the left on your mobile device.

Register by Mail/Phone/Fax

AHEC Statewide Office Phone: (620) 235-4040
1501 S. Joplin Fax: (620) 235-4041
Shirk Hall, 4th Floor
Pittsburg, KS 66762

Registration Deadline: Noon, August 23, 2017

Contact Information

Name _____ Credential(s) _____

Please check (✓) preferred address: Professional Title _____

Home Address Work Mailing Address

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

County _____ County _____

Employer _____ Position _____

Professional License # _____ Email Address _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Requested Continuing Education Type

CME APRN CNE SW Certificate of Attendance

OFFICE USE ONLY

Notice: If you will need special accommodations, please check the box and return to AHEC Statewide Office at least two weeks prior to the program date. You will be contacted personally by a member of the continuing education staff.