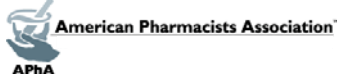




PHARMACY-BASED IMMUNIZATION DELIVERY

A CERTIFICATE PROGRAM FOR PHARMACISTS



HOSTED BY THE TENNESSEE PHARMACISTS ASSOCIATION
SATURDAY, AUGUST 15, 2009

Registration: 7:30 a.m. · Program: 8:00 a.m. to 5:00 p.m.

**HOMEWOOD SUITES NASHVILLE DOWNTOWN
706 CHURCH STREET, NASHVILLE, TN 37203**

CALL TO RESERVE THE SPECIAL TPA RATE OF \$129.00 PER NIGHT
615-742-5550

**REGISTRATION DEADLINE EXTENDED TO:
FRIDAY, JULY 31, 2009**

A comprehensive program which includes:

- **Self-Study Learning Modules that provide:**
 - o Primer on the basics of immunology, vaccine information and administration
 - o Complete clinical information
 - o Roadmap to negotiate legal and regulatory requirements
 - o Strategies for developing a profitable service
 - o Essential CDC references
- **A 1-day Training Seminar that provides:**
 - o Recap of vaccines, antibodies, diseases, and microbes
 - o Marketing and reimbursement "how-to's"
 - o Vaccine administration training
 - o Documentation and record keeping techniques
 - o Problem solving and patient care strategies
 - o Case studies and pharmacist-specific examples



Pharmacy-Based Immunization Delivery: A Certificate Program for Pharmacists was developed

by the American Pharmacists Association, and is supported in-part by unrestricted educational grants from VaxServe.

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education, and complies with the Criteria for Quality for continuing pharmacy education programming. Successful completion of the self-study learning component will result in 12 hours of continuing education credit (1.2 CEU) – Universal ACPE UAN: #202-000-09-002-H01-P. An additional 8 hours of continuing education credit (0.8 CEU) – Universal ACPE UAN: #202-000-09-001-L01-P – will be granted for completing the live training seminar. CPN 202-0014: Expiration Date: 12/31/10

A Certificate of Achievement will be awarded to participants who successfully complete all program components.

PHARMACY-BASED IMMUNIZATION DELIVERY REGISTRATION FORM

NAME _____

PRACTICE LOCATION _____

YEARS IN PRACTICE _____

MAILING ADDRESS (NOT A P.O. BOX) _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

CELL PHONE _____

FAX _____

EMAIL ADDRESS _____

Current Position: Staff Pharmacist Manager Owner Other

TPA or APhA Member: Yes No Member No. _____

Yes, I have current CPR or BCLS certification. Exp. Date _____

No, I do not have current CPR or BCLS certification.

Payment: \$295 TPA or APhA Member \$450 Nonmember

Check No. _____ **payable to Tennessee Research and Education Foundation (TPREF)**

Credit Card: American Express MasterCard Visa

Credit Card No.: _____

Security Code: _____ (REQUIRED) – 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of AmEx.

Credit Card Billing Address: Same as address above

Tennessee Pharmacists Association
500 Church Street, Suite 650
Nashville, TN 37219
FAX 615-255-3528
Phone 615-256-3023
tpa@tnpharm.org

Speakers: Denise Barker, D.Ph.	Tennessee Pharmacists Research and Education Foundation, Nashville, Tennessee
Micah Cost, Pharm.D.	