



2016 NC IMMUNIZATION REGIONAL WORKSHOPS

EXPANDING OUR HORIZON

EMBRACING OUR FUTURE

Plans for 2016

2016 Dates and Locations

Tuesday, April 26, 2016

Doubletree by Hilton Raleigh
Brownstone - University
1707 Hillsborough Street
Raleigh, NC 27605

Registration maximum = 250

Tuesday, May 10, 2016

Crowne Plaza Resort Asheville
1 Resort Drive
Asheville, NC 28806

Registration maximum = 250

Thursday, May 12, 2016

Embassy Suites by Hilton Charlotte Concord
5400 John Q. Hammons Drive NW
Concord, NC 28027

Registration maximum = 250

Wednesday, June 1, 2016

Hilton Wilmington Riverside
301 N. Water Street
Wilmington, NC 28401

Registration maximum = 250; Parking \$8

Tuesday, June 21, 2016

Hilton Greenville
207 Greenville Blvd SW
Greenville, NC 27834

Registration maximum = 200

Target Audience

North Carolina Immunization Providers and Staff

Workshop Description

The purpose of the regional workshops are to ensure vaccine availability and efficacy through appropriate storage, handling and accountability.

Learning Objectives

At the end of this educational activity, participants will be able to:

- Identify new CDC and NCIP changes and how they may impact service delivery.
- Review new immunization rules and requirements.
- Describe appropriate vaccine management and best practices.
- Identify methods to enhance communication on HPV vaccination.
- Identify and understand changes and updates to the NCIR.

REGISTER ONLINE TODAY!
WWW.WAKEAHEC.ORG

WAKEAHEC
BETTER HEALTHCARE THROUGH EDUCATION



Agenda

- 8:00 am **Registration**
- 9:00 **Opening/Overview** (Nikita Spears, MPH)
- 9:15 **Vaccines for Children (VFC) Programmatic Updates** (RIN Staff)
- 10:15 **Break**
- 10:30 **Vaccine Management** (RIN Staff)
- 11:45 **Lunch** (on your own)
- 1:00pm **Thermometer Requirements** (RIC Staff)
- 1:45 **Recap of Vaccine Management & Site Visits** (Nikita Spears, MPA)
> Audience Interaction/Activity
- 2:30 **Break**

- 2:50 **HPV Communication** (Nikita Spears, MPA)
- 3:20 **NCIR Update** (Jammie Johnson)
- 3:45 **Questions and Evaluation**
- 4:00 pm **Adjourn**

Credit

Wake AHEC CEU: Wake AHEC will provide .5 CEU to participants upon completion of this activity. A participant must attend 100% to receive credit. No partial CEU will be given.

Contact Hours: Wake AHEC will provide up to 5.0 contact hours to participants.

Wake AHEC is part of the North Carolina AHEC Program.

Registration

Registration Fee: \$0

- Registration includes workshop attendance, access to online handouts, online evaluation and credit certificate.
- Pre-registration is required. **No walk-ins accepted.**
- Substitutes are encouraged.
- Directions will be emailed with your confirmation.
- Attire: business casual
- Wake AHEC is fully committed to the principle of equal educational opportunities for all individuals and does not discriminate on the basis of any characteristic protected by federal or state law. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to participate in this program, please call Angela Durham at 919-350-0480 by April 1, 2016.
- Call 919-350-8547 for the inclement weather schedule.

2016 NC Immunization Regional Workshop Registration Form

Registration Fee: \$0; by completing and submitting this registration form, I attest that I am a NC immunization program provider and/or staff person.

Please check which day you are attending:

- Tuesday, April 26 (Raleigh) Event 48881/lh
- Tuesday, May 10 (Asheville) Event 48977ad
- Thursday, May 12 (Concord) Event 48978ad
- Wednesday, June 1 (Wilmington) Event 48979ad
- Tuesday, June 21 (Greenville) Event 48980ad

PID#: _____ (Last name + last 4 digits of Social Security #).

If you have attended a Wake AHEC program in the last 6 months, we only need your Personal ID (PID) number and a phone number. If there are changes to your personal data, please update your information below.

Dr. Mr. Ms. Mrs.

First Name _____ MI _____ Last _____

Social Security # (last 4 digits only)

Clinical Specialty _____ Degree(s) (e.g., MD, PharmD, MS, BS) _____

Home Address _____ City _____

State _____ Zip _____ Home County _____ (Home Phone) _____

Employer _____ Job Title _____

Work Address _____ City _____

State _____ Zip _____ Work Fax _____ (Work Phone) _____

Department _____ Work E-mail _____

By providing your fax number, email address and telephone number, you have granted permission for us to contact you via the numbers and address indicated.

How did you hear about this course?

- Brochure/Flyer Email Fax Word of mouth

Questions?

Contact Angela Durham at adurham@wakeahec.org or 919-350-0480.

ONLINE

www.wakeahec.org or
www.immunize.nc.gov

FAX

919-350-0467

MAIL

Wake AHEC
Attn: Angela Durham
3261 Atlantic Avenue
Suite 212
Raleigh, NC 27604-1657