



COLLEGE OF PHARMACY

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Continuing Education From the University of Arkansas for Medical Sciences College of Pharmacy

Gerald J. Glass Memorial Delta AHEC Pharmacy Continuing Education Program Regional Continuing Education Program

Sunday, September 27, 2009 from 1:00pm to 4:15pm

Delta Area Health Education Center, 1393 Highway 242 South, Helena-West Helena, Arkansas 72342

12:45pm Sign-in and late registration

1:00pm Diabetes Update: Fall 2009 ACPE# 004-000-09-032-L01-P

1.5 hrs

*This CE activity will be Knowledge based.

Presented by:

Dosha Cummins, Pharm.D. – Associate Professor, UAMS College of Pharmacy

Upon completion of this lecture, the participant should be able to:

- 1. Familiarize pharmacists on the American Diabetes Association clinical practice guidelines
2. Emphasize monitoring parameters relevant to diabetes care
3. Highlight significant advances in the management of diabetes
4. Educate community pharmacists on appropriate interventions relating to diabetes care

2:30pm Break

2:45pm Drug Allergy ACPE# 004-000-09-033-L01-P

1.5 hrs

*This CE activity will be Application based.

Presented by:

Kendra Muldrew, Pharm.D. - Assistant Professor, UAMS College of Pharmacy

Upon completion of this lecture, the participant should be able to:

- 1. Discuss the different types of allergic reactions and the drugs commonly associated with them.
2. Identify the clinical features associated with drug allergy.
3. Describe the guidelines for the avoidance of any cross-reactive drugs.
4. Discuss management strategies for drug allergy.

4:15pm End of CE Program



The University of Arkansas for Medical Sciences College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education. ACPE# 004-000-09-(032-033)-L01-P

Continuing Education Credit: This program is open to all pharmacists. No refunds can be made for cancellation after 09/25/09. A \$5.00 handling fee will be charged on all refunds. This program provides pharmacy participants up to 3.0 contact hour(s). To receive credit, the pharmacy participant must follow the attendance procedure of the program and complete all program evaluation forms. If the attendance documentation is illegible then no statement of credit can be issued. Credit will be given based on percent of attendance down to the 1.5 contact hour(s). Statements of credit will be issued by the UAMS COP CE office within 30 business days of completion of the program.

Grievance Procedure: This procedure represents a formal mechanism whereby any pharmacist may obtain a review of a complaint of unfair treatment. A pharmacist must file the grievance in writing within 30 days of the incident/activity generating the complaint. The complaint will be reviewed by the Director of Continuing Education and every effort will be made to resolve the problem of the complainant. If the complaint is not satisfactorily resolved, the complaint will be forwarded to the UAMS COP Dean for disposition.

Pre-registration must be postmarked by September 18, 2009 (\$45.00). Those registration forms postmarked after September 18, 2009 will be \$55.00.

Course Location/Facilities: Delta AHEC 1393 Highway 242 South, Helena-West Helena, Arkansas 72342 Coming into West Helena on Hwy 49 at the first red light take a right onto the 49 Bypass (towards the Helena Bridge). The Delta AHEC sits on the left corner at the 2nd red light on the 49 Bypass. You access the parking lot by taking a left at the 2nd red light, then right into the parking lot. Participants will need to enter the building under the covered wooden awning. Signs will be posted in the building as to the direction of the auditorium.

Please complete this form by filling in the required information below and either mail or fax:

CE Department, UAMS College of Pharmacy
4301 West Markham Street - # 630
Little Rock, AR 72205
Phone: 501-686-5396
Fax: 501-526-6772

First Name:	MI:	Last Name:		
Home Address:	City:		State:	Zip:
Daytime Phone:	Fax #:	Email address:		
State & License#	State & License#	State & License#		
Credit Card Number:	Exp. Date		MasterCard	Visa
Name as appears on the card:		CVV #:		
Advanced Registration: \$45.00		At the Door Registration(after 09/18/09): \$55.00		

General Information:

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