



EPIC (Educating Physicians/Practices In their Communities) is brought to you by the Georgia Chapter - American Academy of Pediatrics & Georgia Immunization Program

Visit us at [www.GaEPIC.org](http://www.GaEPIC.org)



## NEW Adolescent Program now available!

**SCHEDULE Your 2016 EPIC IMMUNIZATION Presentation TODAY!**

Fax your completed request forms to **(404) 249-9503**

### EPIC Immunization Program offers:

- ◆ Peer to peer, in-office education provided FREE to Georgia physicians and their staff
- ◆ Up to 1.75 Continuing Medical Education Credits and 2.0 Nursing Contact Hours
- ◆ Free resource kit for each practice

### 7 Curriculums to Choose From:

1. Childhood (Birth - 18yrs)
2. Adolescent (9-19yrs) - **NEW!**
3. Adult (19yrs - Senior)
4. Combo (Birth - Senior)
5. Women's Health
6. Coding for Childhood Immunizations
7. Healthcare Professionals in Training



### Contact EPIC Staff:

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**IMMUNIZATION TRAINERS WANTED: ASK US HOW TO JOIN OUR TEAM OF EPIC EDUCATORS!**

*\*We offer an honorarium and mileage reimbursement for your time\**

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education by the Georgia Chapter of the American Academy of Pediatrics. The Georgia Chapter of the American Academy of Pediatrics is accredited by the Medical Association of Georgia to offer continuing medical education to physicians. The Georgia Chapter of the American Academy of Pediatrics designates this educational activity for a maximum of 1.75 AMA PRA Category 1 Credit (s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Georgia Nurses Association and Tennessee Nurses Association, accredited approvers by the American Nurses Credentialing Center's Commission on Accreditation. For successful completion of this activity and to earn contact hours the attendee is required to attend the entire activity and submit the completed evaluation form.

**2016 EPIC Immunization Education  
Program Request Form**

Please provide us with the following information so that we can make the appropriate arrangements for your program. This completed form and the Pre-Survey can be faxed to (404) 249-9503. Our office will contact you as soon as possible to confirm the date of your presentation. Thank you and we look forward to providing you with this educational opportunity. Please select program below:

- Childhood Program** (Birth – 18yrs.) (1-1 ½ hours)
- Adolescent Program** (9-19 yrs) (1 hour)
- Adult Program** (19yrs. – Senior) (1-1 ½ hours)
- Combo Program** (Birth – Senior) (1 ¾ hours)
- Women’s Heath** (OB/GYN offices) (1 hour)
- Coding for Childhood Immunizations\*** (GAAAP Members Only) (1 hour)
- Healthcare Professionals in Training** (Schools) (1-1 ½ hours)

\*Some geographical locations in Georgia may be offered a Coding teleconference versus a live presentation.

Today’s Date: \_\_\_\_\_ How did you hear about EPIC? Blastfax Mail Exhibit Website Other \_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_ Email: \_\_\_\_\_

Practice/Facility Name: \_\_\_\_\_

Number of Physicians in Practice: \_\_\_\_\_ Physicians Names: \_\_\_\_\_

Type of Practice/Facility: Family \_\_\_\_\_ Pediatric \_\_\_\_\_ Internal \_\_\_\_\_ OB/GYN \_\_\_\_\_ School \_\_\_\_\_ Other \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ District/County: \_\_\_\_\_

Phone/Back Line: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_ (required)

List available dates or days of week for Presentation: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Best Time of Day: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Approximate Number of Attendees: \_\_\_\_\_

Approximate # of Attendees by category: (This will allow us to send the appropriate certificates for your office)

Physicians \_\_\_\_\_ NP/PA \_\_\_\_\_ RN/LPN \_\_\_\_\_ Office Staff \_\_\_\_\_ Other \_\_\_\_\_

Program Host/Contact Person if different from person making request:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Location of Presentation if different address listed above:

\_\_\_\_\_

\_\_\_\_\_

## EPIC Immunization Pre-Survey

Please complete this survey to assist our trainers in providing you with the most appropriate immunization information for *your* office!

1. Please rank the topic(s) of interest (1-5) in order of preference (1 indicating most interested):

- \_\_\_\_\_ General Overview/Statistics
- \_\_\_\_\_ Vaccine Safety
- \_\_\_\_\_ Vaccine Preventable Diseases
- \_\_\_\_\_ Vaccine Administration
- \_\_\_\_\_ GRITS/Assess Immunization Rates
- Other \_\_\_\_\_

2. Is your office new to providing immunizations? Yes No

3. Are you a VFC (Vaccines For Children) provider? Yes No

4. Are you enrolled in GRITS (Georgia Immunization Registry?) Yes No

5. Do you have/use reminder/recall system in your office? Yes No

6. Does your office have an Electronic Medical Record system? Yes No  
If **yes**, is it linked to GRITS? Yes No

7. Do you check immunization status at every visit? Yes No

8. Do you give vaccines even if mild illness is present? Yes No

9. Do you have policies to reduce barriers in immunization? Yes No

10. What resources do you use to determine which immunizations are due?(Check all that apply)

- |                                       |                              |
|---------------------------------------|------------------------------|
| CDC Guidelines / ACIP Recommendations | Current CDC Vaccine Schedule |
| AAP Red Book                          | Physician Order              |
| Vaccine Manufacturer Representatives  | GRITS                        |
| CDC Pink Book                         | Other _____                  |

11. Have you had your immunization rates assessed? Yes No

12. What is your best estimate of your immunization rates? (Please circle)

- 90-100%      80-89%      70-79%      60-69%      Below 60%

13. Has your office received any immunization education in the past 2 years? Yes No

If **yes**, please describe the information received and who provided this information.

EPIC Program (Which Year? \_\_\_\_\_)

Other \_\_\_\_\_

Please FAX EPIC Request form and Pre-Survey to 404.249.9503