



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



SCHEDULE Your 2018 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)
3. Adult (19yrs - Senior)
4. Combo (Birth - Senior)
5. Women's Health
6. Coding for Childhood Immunizations
7. Healthcare Professionals in Training

FOR MORE INFORMATION CONTACT:

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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

The American Academy of Pediatrics – Georgia Chapter is accredited by the Medical Association of Georgia to provide continuing medical education for physicians. The American Academy of Pediatrics – Georgia Chapter designates this live activity for a maximum of 1.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Georgia 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.

**2018 EPIC Immunization Education
Program Request Form & Pre-Survey**

Please provide us with the following information to ensure necessary arrangements (training team, delivering of materials, etc.) are made. 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.

Select which program your office would prefer below:

- ◇ **Childhood Program** (Birth – 18yrs.)
- ◇ **Adolescent Program** (9-19yrs.)
- ◇ **Adult Program** (19yrs. – Senior)
- ◇ **Combo Program** (Birth – Senior)
- ◇ **Coding Program for Childhood Immunizations**
- ◇ **Women's Health Program** (OB/GYN practices)
- ◇ **Healthcare Professionals in Training** (Schools)

Practice/Facility Name: _____

Address: _____

Contact Person: _____ **Phone:** _____ **Fax:** _____

Required Email: _____

Possible Dates & Times for Presentation: 1) _____ 2) _____ 3) _____

Attendee Number by Category: _____ Physicians _____ NP/PA _____ RN/LPN _____ MA/MT _____ Office Staff

Attendee Total Number: _____

Pre-Survey Questions:

1. Please rank the topic(s) of interest (1-5) in order of preference (1 indicating most interested):
_____ General Overview _____ Vaccine Safety _____ Diseases _____ Administration _____ GRITS
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 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
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
14. If **yes**, please describe the information received and who provided this information. EPIC Year? _____

Please **FAX** Form to 404.249.9503