



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



Updated 2016 Programs!

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 to Georgia physicians and their staff at no charge
- ◆ Up to 1.75 Continuing Medical Education Credits and 2.0 Nursing Contact Hours
- ◆ Free resource kit for each practice

6 Curriculums to Choose From:

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



Contact EPIC Staff:

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

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, an accredited approver 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 indicate program below:

- ☐ **Childhood Program** (Birth – 18yrs.) (1-1 ½ hours)
- ☐ **Adult Program** (19yrs. – Senior) (1-1 ½ hours)
- ☐ **Combo Program** (Birth – Senior) (1 ¾ hours)
- ☐ **Women's Health** (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