

Schedule an EPIC® Breastfeeding Education Program Today!



Program Overview:

- Provides convenient **physician-led, peer-to-peer breastfeeding education** in your office or hospital.
- **1-hour sessions** during lunch or any time that's more convenient.
- Each program host will receive a **FREE Breastfeeding Resource Kit** as part of the presentation.



Three topics to choose from:

1. **Breastfeeding Fundamentals**
2. **Supporting Breastfeeding in the Hospital**
3. **Advanced Breastfeeding Support**



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Georgia Chapter

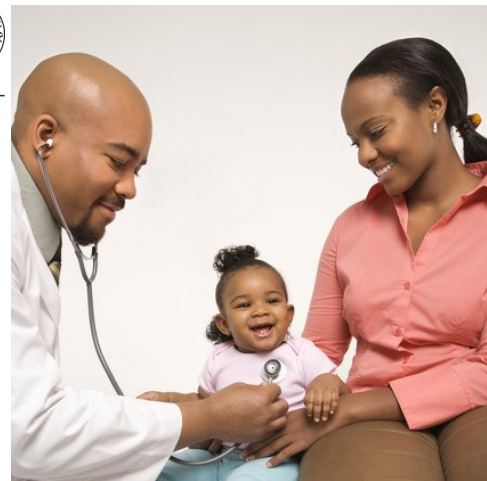
1350 Spring Street NW, Suite 700
Atlanta, GA 30309
Fax: 404-249-9503

Claire Eden, Program Director

Office: 404-881-5095
Email: ceden@gaaap.org

Christie Jean, Program Coordinator

Office: 404-881-5068
Email: cjean@gaaap.org



EPIC® ...Developed by physicians, for physicians.

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 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 – Approver, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This publication/presentation is made possible by the Georgia Department of Public Health (DPH) through a contract managed and in partnership with Georgia Chapter American Academy of Pediatrics (GAAAP). Neither DPH nor Contractor is responsible for any misuse or copyright infringement with respect to the material.

EPIC Breastfeeding Education Request Form

Please provide us with the following information so we can make the appropriate arrangements for your program. Submit this completed form to the Program Coordinator, Christie Jean by emailing it to cjean@gaaap.org, or fax it to her attention at (404) 249-9503. Our office will contact you to confirm the date of your presentation. Thank you, and we look forward to providing you with this educational opportunity.

Note: 1 hour should be dedicated for each program topic.

Topics: Breastfeeding Fundamentals Advanced Breastfeeding Support Supporting Breastfeeding in Hospital

Date of Request: ___/___/___ Name of person making request: _____

Title: _____ E-Mail: _____

Organization Name: _____

Address: _____ City: _____ State: GA Zip: _____

County/District: _____/_____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Names of Physicians: _____

Medical Specialty: OB/Gyn Pediatric Family Medicine Other: _____

Facility Type: Hospital Private Practice Residency Program Other: _____

Possible Dates: 1) _____ and / or 2) _____ and / or 3) _____

Best Time of Day: 1) _____ and / or 2) _____ and / or 3) _____

Estimate Number of Attendees: _____

Location of presentation if different from address listed above:

Training site contact person if different from requester:

Name: _____ Title: _____

Phone: (_____) _____ - _____ E-mail: _____

How did you hear about the EPIC Breastfeeding Education program?

- | | | |
|---|---|--|
| <input type="checkbox"/> Blastfax/Email | <input type="checkbox"/> Marketing Letter | <input type="checkbox"/> Previous EPIC Program |
| <input type="checkbox"/> Educational Conference | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other: _____ |

Special Instructions:

For online request forms, please go to GaEPIC.org