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

8 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
8. Improving HPV Rates in Your Practice

IMMUNIZATION TRAINERS WANTED: ASK US HOW TO JOIN OUR TEAM OF EPIC EDUCATORS!
*We offer an honorarium and mileage reimbursement for your time*

FOR MORE INFORMATION CONTACT:

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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.

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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)
◊ Improving HPV Rates in Your Practice—NEW!

Practice/Facility Name: _______________________________________________________________________

Address: ____________________________________________________________________________________

Contact Person: ___________________ Phone: ___________________ Fax: ___________________

Required Email: _____________________

Possible Dates & Times for Presentation: 1) __________ 2) __________ 3) __________ Time: _________________

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