

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**

2018
Updates



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Georgia Chapter

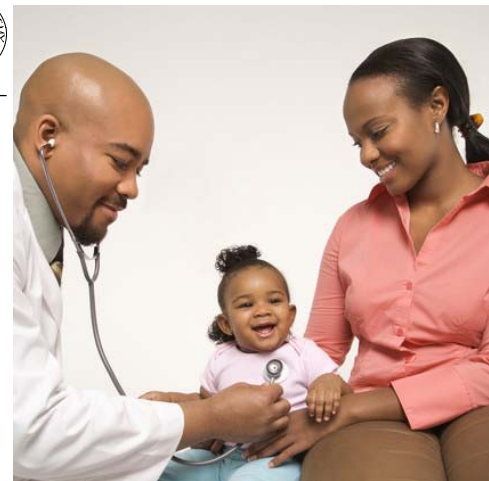
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EPIC® ...Developed by physicians, for physicians.

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 activity has been submitted to the Tennessee Nurses Association for approval to award contact hours. The Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact Arlene Toole at 404-881-5095 or atoole@gaaap.org for more information.

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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, Andrea Boyd by emailing it to aboyn@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: _____

Names of Physicians: _____

Specialty: OB/Gyn Pediatric Family Medicine Other: _____

Facility: Hospital Private Practice Residency Program Other: _____

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

County/District: ___/___ Phone: (____) ____-____ Fax: (____) ____-____

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

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

Approximate Number of Attendees: ___ Approximate Number of Attendees by Category:

___ Physicians ___ NP/PA ___ RN/LPN ___ MA/MT ___ Office Staff ___ Other

Location of presentation if other than office location listed above:

Training Site Contact Person if different from person making request:

Name: _____ Title: _____

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

As the **Host/Contact Person** for your site, we ask that you be responsible for the following activities:

- Greet trainers when they arrive at site.
- Introduce the program and trainers prior to the presentation.
- State the time program is to be completed to ensure staff returns to work on-time.
- Close the program, instruct your staff to complete the Participant Evaluations, and give them to the trainers.
- Return Pre-Program Survey prior to program, and 60-Day Post-Program Survey 2 months after program.

How did you hear about the EPIC Breastfeeding 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: _____ |

Comments/Instructions:

