

MASSACHUSETTS LEAGUE OF COMMUNITY HEALTH CENTERS

Annual Clinical Conference

Hogan Center at Holy Cross
1 College Street, Worcester, MA 01610

Wednesday, November 12, 2014

REGISTRATION FORM

Name: _____

Title: _____

Health Center/Organization: _____

Address: _____

City/State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Please check if you would like to receive credit for your attendance
(Select from eligible degrees below)

Please Circle Your Degree if receiving credit:

DO MD NP RN MSW LICSW Other or Not Receiving CEU/CME

License # (required for certification process): _____

SESSION FEE: \$80

Please return your registration form with your choice of workshop sessions, along with your payment by October 29, 2014.

Payable to: Massachusetts League of Community Health Centers

Send to: 40 Court Street, 10th Floor, Boston, MA 02108

Any questions, please contact Lauren Rockoff at lrockoff@massleague.org

WORKSHOP OPTIONS

12:45 – 2:00pm **WORKSHOP SESSIONS A: Please choose one session for this timeframe**

I Communication Overhaul Leads to Improved Patient Engagement and Access to Care

II Improving HPV Vaccination Rates

III Oral Health: A Maternal and Child Health Priority for MA.

2:15 – 3:30pm **WORKSHOP SESSIONS B: Please choose one session for this timeframe**

IV Prostate Cancer Screening Updates & Recommendations

V Electronic Health Record Data Security and Integrity of PHI

VI 2014 NCQA PCMH Standards: What to Know and How to be Prepared for Recognition