

In order to receive CE credit, this page **MUST** be filled out completely, and returned to the Registration Desk or UAMS CE Office.

CREDIT CLAIM FORM FOR ATTESTATION OF PARTICIPATION

Please fill in the hours that you are claiming in the ‘# Credits Attended column’, indicate Total Credits Claimed, and sign the attestation below.

*Community Hospice and Palliative Care Symposium
ELNEC Core Training and Pediatric Intensive
November 14-16, 2018
Bentonville, AR*

TIME FRAME	SESSION NAME	CREDITS AVAILABLE	# CREDITS ATTENDED
11/14/18			
0800 – 0830	Overview of the Day – Pediatric Intensive	0.50	
0830 – 0930	Introduction to Pediatric Hospice and Palliative Care	1.00	
0945 – 1145	Pediatric Pain Management	2.00	
1230 – 1430	Pediatric Symptom Management	2.00	
1445 – 1545	Pediatric Care at the Time of Death	1.00	
1545 – 1630	Test and Evaluations	0.75	
11/15/18			
0800 – 0830	Overview of the Day – ELNEC CORE Part 1	0.50	
0830 – 0915	Introduction to Hospice and Palliative Care	0.75	
0930 – 1130	Pain Management	2.00	
1215 – 1415	Ethical Issues at EOL	2.00	
1430 – 1530	Cultural Considerations in EOL Care	1.00	
1530 – 1630	Leadership	1.00	
1630 - 1700	Test and Evaluations	0.50	
11/16/18			
0800 – 0830	Overview of the Day – ELNEC CORE Part 2	0.50	
0830 – 1030	Symptom Management	2.00	
1045 – 1145	Loss, Grief, Bereavement	1.00	
1230 – 1400	Communication	1.50	
1415 – 1545	Final Hours	1.50	
1545 - 1615	Test and Evaluations	0.50	
		DAY 1 = 7.25	
		DAY 2 = 7.75	
		DAY 3 = 7.00	
	TOTAL CREDITS AVAILABLE	TOTAL = 22.00	
<i>(Remember to enter credits claimed on first page of this form.)</i> TOTAL CREDITS CLAIMED			➡

CONTINUED ON PAGE TWO

Physician Nurse Pharmacist Other Healthcare Professional: _____

LEGIBLY PRINTED Name _____

Email _____ Cell Phone Number: _____

Affiliation _____

Mailing Address _____

City/State _____ Zipcode _____

Pharmacist: NABP eProfile# _____ Birth Month _____ Birth day _____

I attest that I attended the hours indicated above.

Signature _____