Los Angeles County Immunization Program
FREE CEU IN-SERVICES
2013 Adult Immunization Schedule

COURSE OBJECTIVES:

1. Explain two configurations used to interpret the immunization recommendations on the 2013 adult schedule.
2. List four immunizations for adults that are recommended by Advisory Committee on Immunization Practices **(ACIP)**
3. State three major high-risk medical indications for adult vaccine administration.
4. List two major reasons Healthcare Personnel (HCP) are recommended for vaccination.
5. Identify two primary indications for immunizing ethnically diverse adults, age 19 years and older in LA County.

DATE	TIME	LOCATION	TOPIC	Contact Hours
3/26/13 Tuesday	2:00 pm	Torrance Health Center 711 Del Amo Blvd., Training Room Torrance, CA 90502	2013 Adult Immunization Schedule	1.5
3/28/13 Thursday	9:00 am & 1:30 pm	MLK Jr. Center for Public Health 11833 S. Wilmington Ave., Community Engagement Room Los Angeles, CA 90059 ***(Restricted parking areas)***	2013 Adult Immunization Schedule	1.5
4/23/13 Tuesday	9:00 am	The California Endowment 1000 N. Alameda St., Cabrillo Room Los Angeles, CA 90012 ***(No outside food, Cafe on premises)***	2013 Adult Immunization Schedule	1.5
4/30/13 Tuesday	9:00 am & 1:30 pm	County of Los Angeles DPH -Ferguson Complex Conference Room 210-04, 2nd floor 5555 Ferguson Dr., City of Commerce, CA 90022	2013 Adult Immunization Schedule	1.5
5/29/13 Wednesday	9:00 am & 1:30 pm	The California Endowment 1000 N. Alameda St., Cabrillo Room Los Angeles, CA 90012 ***(No outside food, Cafe on premises)***	2013 Adult Immunization Schedule	1.5

To register for one of the in-services listed above, please complete the registration information below and send to: **Willie Watts-Troutman, RN, PHN, Adult Immunization Coordinator** @ **wwatts@ph.lacounty.gov or fax to (213) 351-2780.** For more information on the in-services listed above or to schedule a CME training sponsored by the Immunization Program please **call (213) 351-7800.**

NAME: _____ **LICENSE#/TITLE** (RN, LVN, MD, etc.)_____

CLINIC NAME: _____

ADDRESS: _____

PHONE: _____ FAX#: _____ E-MAIL: _____

Please indicate which in-service you would like to attend:

- ☐ 3/26/13 @ 2:00 pm
- ☐ 4/23/13 @ 9:00 am
- ☐ 5/29/13 @ 9:00 am
- ☐ 3/28/13 @ 9:00 am
- ☐ 4/30/13 @ 9:00 am
- ☐ 5/29/13 @ 1:30 pm
- ☐ 3/28/13 @ 1:30 pm
- ☐ 4/30/13 @ 1:30 pm

Voluntary Request for Reasonable Accommodation (ADA): Individuals with special needs should contact the Immunization Program @ (213) 351-7800 at least 3 working days in advance of the activity for assistance.