

# Los Angeles County Immunization Program

## Free Continuing Medical Education (CME) Training 2013-14 Flu Vaccination Recommendations *and* Vaccine Safety/Addressing Parental Concerns

### Registration Form

DATE	TIMES	LOCATION	CME Hours
Wednesday 10-09-2013	8:30 am – 11:30 am & 1:00 pm – 4:00 pm	The California Endowment 1000 N. Alameda Street Los Angeles, CA 90012  <i>(No outside food permitted; Center has Cafe on premises)</i>	3.0

#### Target Audience:

Physicians, nurses, PAs, pharmacists, DoD, paraprofessionals, healthcare providers who administer vaccines or set policy for their offices/clinics, and communicable disease or infection control programs.

#### Educational Objectives:

- 1) State the importance of annual flu vaccination for the Healthcare Personnel (HCP) in Los Angeles County.
- 2) List the nonspecific systemic symptoms some persons experience after the flu vaccination.
- 3) Identify the new flu vaccine available for persons with a history of egg allergy.
- 4) List two reasons pregnant women are recommended to receive the **flu shot** annually.
- 5) List 2 reasons why a child should receive all vaccines recommended.
- 6) State 1 major consequence that occurs as a result of parental concern with vaccine safety.
- 7) State 2 factors involved in parental decisions about vaccinations.
- 8) Identify 2 credible websites for vaccine-hesitant parents.

**Registration is required, class size is limited:** To register, please complete the information below and email or fax to: **Theresa Calhoun at [tcalhoun@ph.lacounty.gov](mailto:tcalhoun@ph.lacounty.gov) or Fax (213) 351-2780.**

To receive CMEs, please include your license number below or bring it to the training. All physicians will receive a Certificate of Credit. Other licensed healthcare professionals (RN, LVN, PA, etc.) and non-licensed personnel will receive a Certificate of Attendance. For more information, please contact Willie Watts-Troutman or Tracey Simmons at (213) 351-7800.

NAME: \_\_\_\_\_ LICENSE#/TITLE (MD, RN, LVN, etc.) \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please indicate which session you would like to attend:

8:30 – 11:30 am       1:00 – 4:00 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.

