AGENDA

11:00 am - 12:45 pm   Registration Check-In, Lunch provided
12:45 - 2:05 pm   Assessment & Monitoring
2:05 - 3:05 pm   Control of Environmental Factors Contributing to Asthma
3:05 - 3:20   Break
3:20 - 4:00 pm   Medications
4:00 - 5:00 pm   Education for a Partnership in Care

LEARNING OBJECTIVES

• Describe the burden of asthma in the U.S.
• Outline key components of asthma management from the EPR-3 NHLBI Clinical Asthma Guidelines.
• Optimize inspiratory flow for given inhalation devices.
• Evaluate patients’ and caregivers’ educational needs and select management tools to optimize partnerships in care.

AAE FACULTY

Kendra Procacci, Associate Professor of Pharmacy Practice
University of Montana, Missoula, Montana

BECOMING AN ASTHMA EDUCATOR AND CARE MANAGER COURSE

April 7, 2017 • Fairmont Hot Springs Resort • 12:45 pm to 5:00 pm
CONTINUING EDUCATION CREDITS

Nursing
This program has been planned and implemented in accordance with the requirements of the California Board of Registered Nursing. The Association of Asthma Educators is an approved provider (#13605) of continuing education in nursing. This activity meets criteria for mandatory continuing education requirements, and the participant is awarded 4.0 contact hours. (accepted by the MNA for ce recertification)

Pharmacy
This program has been submitted to the Montana Board of Pharmacy. Approval is pending.

Limited scholarships are available for taking the NAECB exam. Contact Anna at the Montana Asthma Control Program for more information.

PLEASE COMPLETE AND MAIL WITH PAYMENT TO:
Amy Saltzman, University of Montana, SELL Dept.,
32 Campus Drive, Missoula, MT 59812
PHONE (406)531-4032; FAX (406) 243-2047

FOR REGISTRATION/LOGISTICS INFORMATION:
Amy Saltzman at (406) 531-4032

Questions?
For more course information contact:
Anna von Gohren at (406) 444-7304

Open to all health care providers in Montana.

Name _____________________________________________________________
Address ________________________________________________________________________
City ____________________________________ State ___________ Zip _______________
Daytime Phone # ____________________________________________________________
E-mail address:  _________________________________________________________________
Profession:  □ Respiratory Therapist  □ Physician  □ FNP or PA  □ Pharmacist  □ Clinic/Hospital Nurse
□ School Nurse  □ Health Educator  □ Case Manager □ Other_____________________________

Registration Fee (includes all course materials, ce credits, snacks and lunch)
□ On or before March 31st, 2017: $50.00  □ Fee waived for IHS and CHC providers
□ After March 31st, 2017: $70.00
□ Visa  □ Mastercard  Card # _______________ Exp._____________
Make checks payable to University of Montana.  Check # __________________________