

Medical Training Academy

THIS REGISTRATION FORM IS FOR SESSIONS IN MINNESOTA ONLY

“Basic” Training June 11-13, 2009 Holiday Inn River Center, St. Paul, MN

Advanced Training September 10-12 2009 Holiday Inn River Center St. Paul MN

Medical Training Academy:

This training is specifically designed for experienced professionals who have the responsibility for providing the medical evaluation for children who are suspected victims of child abuse. This training is appropriate for physicians, nurse practitioners, RNs with advanced training, and physician’s assistants (**Basic**= <300 exams, **Advanced** = >300 exams +/- 3 years experience).

Topics to be covered include: role of the medical provider; collaboration in the medical community; evaluation and diagnostic approach of child physical and sexual abuse; documentation and interpretation of findings; diagnostic dilemmas; the courtroom experience; use of technology, networking, telemedicine and multi-disciplinary team development. Each participant will receive a folder of resource materials, continuing education credits, and will benefit from networking opportunities with colleagues from across the country.

COST: \$700

Training is held at the hotel where participants stay. Hotel accommodations are made by MRCAC. Please DO NOT contact the hotel to make reservations. All participants are assumed as arriving the day before training begins, and departing the day training concludes. If you need additional arrangements made please contact MRCAC. Training begins on Thursday at 10am.

Each participant is awarded CME credits at the conclusion of the training.

Limited tuition scholarship opportunities available from your Regional CAC. Contact your Regional CAC office for availability.

IMPORTANT: Tuition fee covers: personal hotel room (3 nights), training materials and most meals. As a participant, you are responsible for any transportation to and from the training and meals not served at the training. A confirmation letter and detailed training information will be mailed to you **AFTER** registration is received.

*Sponsored by Midwest Regional Children’s Advocacy Center;
Supported by Western, Northeast and Southern Regional Child Advocacy Centers*

Registration Information (Please Print Clearly)

Name: _____

Title (MD, RN, etc): _____

Agency/CAC _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Fax Number _____

Email _____

Session Attending (please circle)

Basic June 11-13, 2009 Advanced September 10-12, 2009

Registration can be faxed to: 651-220-7637

Registration can be mailed to:

MRCAC 347 N Smith Ave Suite 401 St. Paul, MN 55102

ATTN: Anne Cherek

Method of Payment

Full payment is required at time of registration. Please select your payment amount and indicate your payment method below. **Check or money order enclosed** **Credit Card** (We **DO NOT** accept American Express) **PO’s are not acceptable unless accompanied by proof of payment.**

_____ **VISA** _____ **MasterCard** **Exp. Date** _____

Card #: _____

Signature _____

Card billing address (if different from address listed above; needed to process payment)

Cancellation Policy

Written cancellations received at least 30 days prior to the beginning of the training session will be refunded, less a \$100 administrative fee. No refunds will be made if cancellation is received within 30 days of the training session. Registration is transferable.

Questions?

Call Anne Cherek at 651.220.7009 or email anne.cherek@childrensmn.org