

Webinar:

# Antibiotic Stewardship Beyond Hospital Walls

November 16, 2017

12:00 to 1:00 p.m. or 5:30 to 6:30 p.m. CT

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## Continuing Education Credit Information

**Continuing education (CE) is offered through Stormont Vail Medical Education Services for physicians and PAs, and through Stormont Vail Health for APRNs, RNs and LPNs.**

**In a separate CE arrangement, the Kansas Dental Association will award continuing education for dentists registering with the DDS or RDH credential.**

This activity has been planned and implemented in accordance with the Accreditation Requirements and Policies of the Kansas Medical Society through the joint providership of Stormont Vail Medical Education Services and the Kansas Healthcare Collaborative.

Stormont Vail Medical Education Services is accredited by the Kansas Medical Society to provide continuing medical education for physicians.

Stormont Vail Medical Education Services designates this live activity for a maximum of one (1.0) *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Stormont Vail Health is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. The course offering is approved for 1.2 contact hours and is applicable for APRN, RN and LPN re-licensure; 1.2 of which may be applied towards Pharmacology. Kansas State Board of Nursing Approved Provider Number is LT0072-0538.

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit(s)*<sup>™</sup> from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 1.0 hours of Category I credit for completing this program.

**All participants: If two or more individuals are participating in this webinar together, download the group roster attendance form; complete it and submit it as soon as possible to receive the evaluation form. This form is attached.**

Questions? Contact Michele Clark, Kansas Healthcare Collaborative, [mclark@khconline.org](mailto:mclark@khconline.org) or 785-235-0763 x1321.

### Instructions:

For CME and Nursing CE: To receive an attendance certificate for today's webinar, complete the online evaluation form that will be emailed by Stormont Vail Medical Services (CME) or Stormont Vail Health (nursing CE) to the email address you used to register for this webinar.

Once the evaluation is completed online through Stormont Vail's Cloud CME, participants will be provided instructions to download their attendance certificate.

Dentists (DDS and RDH) completing today's webinar will have a different process. Watch your email for CE credit documentation from the Kansas Dental Association.

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### Webinar Group Attendance Roster

Use this form to submit attendance information for continuing education when two or more individuals participate in this webinar together. All information must be included and returned by due date.

	Date: November 16, 2017	Check which session attended: <input type="checkbox"/> 12:00 to 1:00 p.m. <input type="checkbox"/> 5:30 to 6:30 p.m.
<b>Organization Name:</b>		
<b>Location</b> where webinar was viewed: (street address, room)		
<b>Primary site contact:</b> (name, phone and email)		
Instructors:	<ul style="list-style-type: none"> <li>• Jo-Ann Harris, MD, Pediatric Infectious Disease Consultant, Midwest Women's and Children's Specialty Clinic, Overland Park Regional Medical Center, Overland Park, Kansas</li> <li>• Katie Burenheide Foster, PharmD, MS, BCPS, FCCM, Pharmacy Clinical Manager &amp; PGY1 Pharmacy Residency Director, Stormont-Vail Health System, Topeka, Kansas</li> </ul>	
Stormont Vail Health 1500 SW 10 <sup>th</sup> Ave, Topeka, KS 66604 KS Provider #LT0072-0538	<ul style="list-style-type: none"> <li>• CNE Coordinator Cindie Bonjour, MBA, BSN, RN, NE-BC approves 1.2 CEs for RN, LPN and APRN</li> <li>• CME Coordinator Tiffany Beyer approves 1.0 <i>AMA PRA Category 1 Credits</i><sup>TM</sup></li> </ul>	

	NAME (Please print clearly.)	EMAIL ADDRESS (Each email must be unique.)	LICENSE # AND INDICATE TYPE	SIGNATURE
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Return this completed form **no later than Wednesday, November 22, 2017**, to the Kansas Healthcare Collaborative: