**Children & Youth with Epilepsy (CYE) TeleECHO™ Clinic**

**Registration Form**

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| --- | --- | --- | --- |
| **Last Name:** |  | **First Name:** |  |
| **Primary Phone:** |  | **Alternate Phone:** |  |
| **Cell Phone:** |  | **FAX:** |  |
| **Email:** |  | **Alternate Email:** |  |

What is the best way to contact you: ☐ Phone ☐ Email ☐ FAX

Professional Area ☐ Allied Health ☐ Behavioral Health ☐ Public Health

☐ Medicine ☐ Nursing ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:

☐ MD/DO

☐ PhD

☐ Physician Assistant

☐ Nurse Practitioner

☐ Registered Nurse

☐ Medical Assistant

☐ Intern/Extern

☐ Resident

☐ School Nurse

☐ Behavioral Therapist (please specify below)

|  |
| --- |
|  |

☐ Other (please specify below)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Current Place of Employment: |  |

|  |  |
| --- | --- |
| Practice/Organization Address: |  |

Number of years in the healthcare field:

☐ Less than 1 year ☐ 5 to 10 years ☐ More than 15 years

☐ 1 to 5 years ☐ 10 to 15 years

Is your Practice a FQHC? ☐ Yes ☐ No ☐ Other

|  |  |
| --- | --- |
| How did you hear about Project ECHO Expansion for CYE? |  |

Are you interested in attaining CME credits for these sessions? ☐ Yes ☐ No

Are you willing to present a patient case during one of the TeleECHO clinics? ☐ Yes ☐ No ☐ Maybe

(Patient case presentation is **not** mandatory in order to participate in a TeleECHO clinic)

Race/Ethnicity (Select any that apply)

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Pacific Islander ☐ White ☐ More than One Race

☐ Prefer Not to Answer

Do you supervise or provide instruction to other healthcare professionals? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Continuing Medical Education programs are essential to continued success.  It is expected that participants will enhance their medical knowledge or acquire new skills, thereby improving their performance in clinical practice. Participants should attend **at least ten (10) sessions** to receive their Certificate of Completion.

**Please check (✓) the sessions you will be attending below.**

|  |  |  |
| --- | --- | --- |
| Date |  | ✓ |
| 10/15/15 | Seizures overview |  |
| 11/19/15 | Seizures: Diagnostic Evaluation |  |
| 12/17/15 | Types of Seizures and Common Epilepsy Syndromes in Children |  |
| 1/14/16 | Role of the Primary Care Provider |  |
| 2/18/16 | Family Education and Support |  |
| 3/17/16 | Medication Management |  |
| 4/14/16 | Other Treatments: Beyond Anti-Seizure Medications |  |
| 5/19/16 | Co-morbidities of Pediatric Epilepsy |  |
| 6/16/16 | Co-morbidities of Pediatric Epilepsy |  |
| 7/14/16 | Seizure Emergencies: Status Epilpepticus |  |
| 8/18/16 | Alternative and Complementary Medicines |  |
| 9/15/16 | Quality Improvement |  |
|  | Transition to Adult care |  |

**Continuing Medical Education (CME) credits will be issued to participants for each hour of attending a CYE TeleECHO clinic, and upon completion of the Maimonides Medical Center Project ECHO Clinic Evaluation form.**

**You need to register to get continuing education credits for your participation in the CYE TeleECHO clinic**

For confidentiality, HIPAA compliance, and professionalism, we require that we know who is attending the CYE teleECHO clinic and can verify that you are a healthcare professional, qualified to practice in your clinical area. Project ECHO clinics are not open to the general public or patients.