SERIES SCHEDULE
Broadcasts are planned on the following Thursdays:

- January 14, 2016
- January 28, 2016
- February 4, 2016
- February 11, 2016
- March 3, 2016
- March 31, 2016
- April 7, 2016
- April 14, 2016
- April 28, 2016
- May 5, 2016
- May 19, 2016
- June 2, 2016
- June 9, 2016
- June 16, 2016

*Information for each session will be available five working days prior to each session.*

Please note: Due to the nature of a fellowship series, the need may arise to alter the planned schedule. Participants will be notified of changes as soon as possible should they occur. Individual session information will be updated online by visiting www.kumc.edu/ku-ahec and locating the Palliative Care Fellowship Series tab under the Health Care Professionals tab on the left hand side.

TOPICS OF PRESENTATIONS
Topics planned for the 2016 Spring Series include:

- Assessment and Management of Requests for Hastened Deaths
- Acute Cancer Cognitive Therapy
- Palliative Pulmonary Hypertension
- The Grief Journey - Many Pathways
- Severe Traumatic Brain Injury for HPM Providers
- Pediatric Symptom Management
- Neurologic Diseases at End of Life: MS, ALS, Parkinson's
- Palliative Radiation Therapy
- Goals of Care Across Transitions: Transportable Physician Orders for Life Sustaining Treatment
- Outside of the Bagel Box: Bringing Real Meaning to Compassion Fatigue, Self-Care and Burnout

BROADCAST TIMES
Each broadcast date will have two separate one-hour presentations with the first beginning at 8:00 a.m. and the second beginning at 9:00 a.m. Sessions will begin and end promptly.

HOW TO REGISTER
Participants wishing to register for the entire series or register for individual sessions

**To Register for the Series:** Please contact the KU Area Health Education Center at (620) 235-4040 or email ahecpitt@kumc.edu.

**To Register for Individual Sessions:** We recommend participants register and pay online with a credit card by visiting http://kuahec.kumc.edu/asp-kuahec. Registration over the phone is also accepted by calling (620) 235-4040 but payment via credit card will be required at the time of registration.

Registration for each session will close 48 hours prior to each session.

FEE
Series Registration (27 sessions) - $275  Individual One-hour Session Registration - $12.50 per session

Individual session registration is available online at http://kuahec.kumc.edu/asp-kuahec.

CONTINUING EDUCATION CREDIT
The registration fee will include continuing education credit for physicians, advance practice nurses, nurses, social workers and a certificate of attendance for other individuals. Continuing education credit will be given for only those sessions attended.

Please note: Participants will be emailed a link the Wednesday before the session where they can access handout materials, online evaluation, and connection information. Handouts and evaluation will be available online until the following Monday.

For More Information: Contact the AHEC Statewide Office at (620) 235-4040.
Notice: If you will need special accommodations, please check the box and return to AHEC Statewide Office at least two weeks prior to the program date.

CANCELLATION POLICY
A registrant may cancel no later than three (3) working days prior to the program to receive a refund minus a $15.00 administrative fee. After that time, no refunds are made. The registration fee will not be transferred to future offerings. Refunds are made by mail.

KU Medical Center AHEC reserves the right to cancel the program and return all fees in the event of insufficient registration. KU Medical Center AHEC will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

PROGRAM ACCESSIBILITY
We accommodate persons with disabilities. Please call KU Medical Center AHEC and a continuing education representative will contact you to discuss your needs.

NONDISCRIMINATION STATEMENT
The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University’s programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785)864-6414, 711 TTY.

Spring 2016 Palliative Care Fellowship Series Registration Form

REGISTER BY PHONE/FAX/EMAIL
Phone: (620) 235-4040 Email: ahecpitt@kumc.edu
Fax: (620) 235-4041

CONTACT INFORMATION

Name __________________________ Professional Title __________________________

Please check (✓) preferred address:

☐ Home Address

Street __________________________

City/State/Zip __________________________

County __________________________

Employer __________________________

Position __________________________

Professional License # __________________________ Email Address __________________________

Home Phone (___) _______ Work Phone (___) _______ Cell Phone (___) _______

Requested Continuing Education Type

☐ CME ☐ APRN ☐ CNE ☐ SW ☐ Certificate of Attendance

Cost

☐ Entire Series - $275

* We recommend those who wish to register for individual sessions register online at http://kuahec.kumc.edu/asp-kuahec

METHOD OF PAYMENT

☐ Check enclosed for $________ made payable to KU Medical Center AHEC

☐ P.O. # __________________________ (please attach)

☐ Charge credit card: ☐ MasterCard ☐ VISA ☐ Discover

Card No. __________________________

Exp. Date ___________ 3-digit Security Code ___________

Name on Card __________________________

Billing Address __________________________

street ___________ city ___________ state ___________ zip ___________

Receipt emailed to __________________________