MAT WAIVER TRAINING: THE HALF&HALF COURSE



WORK COUNTY __

THURS, SEPTEMBER 23, 2021

LIVE VIA WEBINAR



REGISTRATION FORM

By registering for this workshop, you are granting permission for your contact information to be shared with DHHS which is a collaborating partner of this continuing education activity.

Updated contact information below. Event #66691 NAME ____ CREDENTIALS ___ SOCIAL SECURITY # XXX-XX- ___ __ (last 4 digits required) OCCUPATION ____ EMAIL ADDRESS _____ Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists. Please remove my name from the MAHEC mailing list. HOME ADDRESS _____ _____ STATE ____ ZIP ____ HOME COUNTY _____ HOME # _____ WORK # ____ EMPLOYER _____ DEPARTMENT ___ EMPLOYER'S ADDRESS _____ _____ STATE ____ ZIP ____

LOCATION Lix DATE Th WEBINAR LOGIN 12 PROGRAM 12

Live via webinar (Zoom platform) Thursday, September 23, 2021 12:00 pm–12:30 pm

12:30 pm-5:00 pm

CLICK HERE TO REGISTER

| PROGRAM FEE | \$35.00 \$5 | 0.00 (if after 9/16/2021 ₎ |
|--|----------------------|---------------------------------------|
| MAHEC EMPLOYEES | FREE (must regis | ster in order to attend) |
| MAHEC RESIDENTS | FREE (must regis | ster in order to attend) |
| DISCOUNT CODE FOR | OTHER RATES | |
| Full payment must acco payment plan has been a without accompanying pa | approved in advance. | Registrations received |
| ☐ Check is enclosed | Credit card info | |
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| MAHEC assumes pern from this program for Please speak with a st | promotional and edu | ucational purposes. |
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REGISTRATION

Early registration deadline: September 16, 2021

Program fees include administrative costs and educational materials. If your registration is received after the above deadline, the total fee will be the registration fee + \$15.00.

MAHEC has a pay-up-front policy for all CE programs. The only exceptions will be for pre-approved programs where an individual payment plan is appropriate. Any registrations received without an accompanying payment will not be processed and participants who have not paid the course fee will not be admitted into the program.

Unless otherwise noted in course materials, the following cancellation policy applies to all programs:

- Cancellations must be in writing (via fax, email, or mail)
- Cancellations received more than 2 weeks prior to the event will receive 100% refund
- Cancellations received between two weeks and two full business days prior to the first day of the event are refunded at 70% of the registration fee subject to a minimum \$25 cancellation fee
- No refunds or credits will be given for cancellations received less than two full business days prior to the event
- · No vouchers will be issued in lieu of a refund
- Transfers/substitute(s) are welcome (please notify us in advance of the program)

DISCLOSURES

MAHEC engages in evaluation activities to better understand the impact of our programs. By registering for this course, you agree that we may use your personal information in evaluative research regarding this program. Any reports published will be de-identified and reported in aggregate format.

This program was designed to satisfy, in part, the North Carolina Medical Board's CME requirement for controlled substance prescribers. Per NCAC rules: As of July 1, 2017 all physicians (other than residents), physician assistants, nurse practitioners, podiatrists, and dentists who prescribe controlled substances must satisfy the controlled-substance prescribing CE requirements as set forth by their licensing boards; requirements vary by discipline and board.

Funding for this initiative was made possible (in part) by grant no. 1H79Tl081968-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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This document is supported by funds from the North Carolina Department of Health and Human Services through the Centers for Disease Control and Prevention (CDC) Cooperative Agreement Number NU17CE92024.

HAVE A QUESTION? Contact the Program Planner



Special Services 828-771-4231

Karen Lambert

karen.lambert@mahec.net or 828-257-4761

REGISTRATION INFORMATION FAX REGISTRATION ONLINE REGISTRATION EMAIL 828-257-4475 828-257-4768

www.mahec.net/cpd registration@mahec.net

MAIL MAHEC Registration

121 Hendersonville Road, Asheville, NC 28803

PROVIDED BY -



IN COLLABORATION WITH -



SUPPORTED BY -



(AAAP is the data sponsor for this MAT training)



