

# MAHEC PROJECT ECHO<sup>®</sup> FOR CHRONIC PAIN

## 5-Part Video Teleconferencing Series Starting Tuesday, August 18, 2020



<b>LOCATION</b>	Join live via webinar (Zoom platform)
<b>MODULE 1</b>	Tuesday, <b>August 18, 2020</b>
<b>MODULE 2</b>	Tuesday, <b>September 1, 2020</b>
<b>MODULE 3</b>	Tuesday, <b>September 15, 2020</b>
<b>MODULE 4</b>	Tuesday, <b>September 29, 2020</b>
<b>MODULE 5</b>	Tuesday, <b>October 13, 2020</b>
<b>REGISTRATION</b>	6:30 am–7:00 am (same for every module) <b>Note:</b> must login at 6:50 am for attendance
<b>PROGRAM</b>	7:00 am–8:00 am (same for every module)
<b>SERIES FEE</b>	<b>FREE</b> (must register in order to attend)

[CLICK HERE TO REGISTER](#)

Updated contact information Event #63640

**NAME** \_\_\_\_\_

**CREDENTIALS** \_\_\_\_\_

**SOCIAL SECURITY #** XXX-XX- \_\_\_\_ \_\_\_\_ \_\_\_\_ (last 4 digits required)

**OCCUPATION** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME COUNTY** \_\_\_\_\_

**HOME #** \_\_\_\_\_ **WORK #** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**WORK COUNTY** \_\_\_\_\_

*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.

## DISCLOSURES

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

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.

MAHEC assumes permission to use audio, video and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.

**This program includes up to 1.0 hour per module of controlled substances content.**

As of July 1, 2017, all physicians (aside from residents), physician assistants, nurse practitioners, podiatrists, and dentists who prescribe controlled substances must satisfy the controlled-substance prescribing CME requirement set forth in 21 NCAC 32R .0101. Requirements vary by discipline and board. Prescribers will turn in controlled substance CME when they renew licensure.

### PROVIDED BY



### CO-SPONSORED BY



### Send completed registration to:

MAHEC Registration  
121 Hendersonville Road, Asheville, NC 28803

### Fax completed registration to:

828-257-4768

### HAVE A QUESTION?

#### Contact the Program Planner

Lourdes Lorenz-Miller, RN, MSN, NEA-BC, AHN-BC  
[lourdes.lorenz-miller@mahec.net](mailto:lourdes.lorenz-miller@mahec.net) or 828-707-5111

#### REGISTRATION INFORMATION

##### FAX REGISTRATION

828-257-4475  
828-257-4768

##### ONLINE REGISTRATION

[www.mahec.net/cpd](http://www.mahec.net/cpd)

##### EMAIL

[registration@mahec.net](mailto:registration@mahec.net)

##### MAIL

MAHEC Registration  
121 Hendersonville Road, Asheville, NC 28803



### Special Services

828-257-4492



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