

MAHEC Interactive Video Distance Learning Planning & Agreement Form  
Western North Carolina HealthLink (WNCHL)

MAHEC Staff Responsible for Program Planning: **Paige Stocks, PharmD**

Program Title: **A Comprehensive Overview of Congestive Heart Failure**

Program Date 1: **Thursday, November 11, 2010**

Program Date 2:

Program Date 3:

|                     |                |                    |                |
|---------------------|----------------|--------------------|----------------|
| Registration begins | <b>6:00 PM</b> | Registration ends: | <b>6:30 PM</b> |
| Program begins      | <b>6:30 PM</b> | Program ends:      | <b>8:30 PM</b> |

MAHEC Location: **0**

Offsite Location: **0**

Target Audience: **Pharmacists and pharmacy technicians**

Congestive Heart Failure (CHF) plagues approximately 5 million people in the United States with roughly 550,000 new cases being diagnosed yearly. As this number continues to escalate, so will the number of your customers and patients who are affected. For this reason, it is imperative for today's pharmacist to understand the pathophysiology and management of CHF. It is also important to be able to properly and confidently counsel your patients about their disease state, its treatment, and how to prevent further exacerbations. This knowledge-based continuing education event will equip the pharmacist and pharmacy technician with the basic knowledge of CHF and the current treatment regimens.

Brochure Description:

|                    |                |                |               |
|--------------------|----------------|----------------|---------------|
| Program Speaker 1: | <b>Wesley</b>  | <b>Dulaney</b> | <b>PharmD</b> |
| Program Speaker 2: | <b>Annette</b> | <b>Sajecki</b> | <b>PharmD</b> |
| Program Speaker 3: | <b>Lyndsey</b> | <b>Hogg</b>    | <b>PharmD</b> |
| Program Speaker 4: | <b>William</b> | <b>Rodgers</b> | <b>PharmD</b> |

Individual Participant Program Registration Fees: (\$15 late fee after Nov. 4th)

|               |                          |   |
|---------------|--------------------------|---|
| Fee Comments: | Discount applicable for: | Discounted registration fee:                  |
|               | <b>\$60 Pharmacists</b>  | <b>\$55 WCPA members; \$50 UNC Preceptors</b> |
|               |                          | <b>\$40 Pharmacy Technicians</b>              |

Participant Registration Required: **Yes**

Site Facilitation Assistance Needed in Order to Participate (please review carefully)

- Standard Operating Procedures
- Room Setup
- Receive, Copy and Distribute Program Materials (MAHEC will reimburse costs)**
- Supervise Sign-In Process and Return Forms to MAHEC within three (3) days**
- Collect Program Evaluations and Return to MAHEC within three (3) days**
- Power-on VC Equipment 30 minutes in advance and report problems to MAHEC**
- Orient Participants to the Technology and Be Available to Them During the Program**
- Be Available to MAHEC by Phone During the Program if Needed**

|          |  |               |            |            |
|----------|--|---------------|------------|------------|
| <b>0</b> | Coordinate with MAHEC for on-site food catering needs<br><b>(MAHEC will reimburse costs)</b> | per person    |            | per person |
|          | Registration with food   | <b>\$2.00</b> | per person | <b>0</b>   |
|          | 0  | <b>\$0.00</b> | per person | <b>0</b>   |
|          | 0  | <b>\$0.00</b> | per person | <b>0</b>   |
|          | 0  | <b>\$0.00</b> | per person | <b>0</b>   |
|          | 0  | <b>\$0.00</b> | per person | <b>0</b>   |

Specific food items to be served: **Cheese/crackers, fruit or cookies, drinks**

Note: Submit invoice to MAHEC RS Program Logistics, 501 Biltmore Avenue, Asheville, NC 28801  
Fax: 828-257-4768

The following section to be completed by the WNCHealthLink Videoconference Site Coordinator  
and sent to: WNC HealthLink Videoconference Scheduler  
Fax: 828-232-2941 or EMAIL: videoconferencing@mahec.net

I agree to accept responsibility for the on-site program facilitation tasks as indicated above so that my site can take advantage of the following program via distance learning:

Title: A Comprehensive Overview of Congestive Heart Failure

Date: Thursday, November 11, 2010

Name of Organization:

Name of Program Facilitator:

Signature of Program Facilitator:

Email address:

Phone where you can be reached during the program:

Fax:

I wish to attend the program free of charge in exchange for providing facilitation support.

**Deadline To Receive Videoconference Participant Registrations:** (one week prior to program date)  
(Call 828-257-4475 with registration questions)

**Deadline for Scheduling Your Site to Participate:** (one week after receiving this request)  
(Call 828-257-4486 with site scheduling questions)

**After-the-Event Logistics Instructions** (Save for future reference)

WNCHL Site Coordinator: within three (3) business days after the event, please return Sign-In Sheets, Rosters, Evaluations and Invoice for reimbursement to: MAHEC RS Program Logistics, 501 Biltmore Avenue, Asheville, NC 28801, or fax to 828-257-4768.