



CHAMP Quarterly Educational Case Review

<http://www.champprogram.com>

Quarterly Educational Case Review

Led by Ann Botash, M.D.

12:00 Noon to 1 p.m.

September 21, 2010

Teleconference

CHAMP Mentors and Providers will review and discuss cases of suspected child abuse. The purpose of this educational case review is quality improvement.

Learning Objectives - Upon completion of this activity, participants will be able to:

- Differentiate between normal and abnormal child abuse examination findings
- Identify the key factors for quality photographic documentation of child abuse cases
- Identify appropriate testing and treatment when child abuse is suspected

This activity is intended for physicians, physician assistants, nurse practitioners, nurses, and other health care professionals who may respond to suspected child abuse. All members of the CHAMP network are required to attend at least one Quarterly Review per year.

Pre-Registration is required for AMA Category 1 Credit Award. Register by emailing a completed registration form to Linda Markell. Markelll@upstate.edu

This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of SUNY Upstate Medical University and the Child Abuse Medical Provider (CHAMP) Program. SUNY Upstate Medical University is accredited by the ACCME to provide continuing medical education for physicians.

Dr. Botash has no relevant financial relationships to disclose.

"SUNY Upstate Medical University designates this educational activity for a maximum of (1) *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity."

NYS CHAMP Network
Quarterly Educational Case Review
September 21, 2010 CME Registration

Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr
First Name				
Middle Initial				
Last Name				
Degree	<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> NP	<input type="checkbox"/> PA
	<input type="checkbox"/> RN	<input type="checkbox"/> SANE/SAFE	<input type="checkbox"/> Other	
Specialty	<input type="checkbox"/> Child Abuse Pediatrics	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Family Practice	<input type="checkbox"/> Emergency Medicine
	<input type="checkbox"/> Other If other, please describe:			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Date of Birth	/ /			
Street Address				
City				
State				
Zip/Postal Code				
Email Address				
Daytime Phone				
Fax #				

Please email your completed registration form to: MarkellL@upstate.edu

Questions?

Linda Markell, CHAMP Manager
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 FAX 315-464-2048