



Quarterly Educational Case Review

<http://www.CHAMPprogram.com>

Quarterly Educational Case Review

Led by Ann S. Botash, M.D.

March 8, 2012

12:00 Noon to 1 p.m. Eastern time

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 documentation of child abuse cases.
- Identify appropriate testing and treatment when child abuse is suspected.

Pre-registration is required for AMA Category 1 Credit Award. This activity is intended for physicians, physician assistants, nurse practitioners, nurses, and other health care professionals who may respond to suspected child abuse.

Register by emailing a completed registration form to Linda Markell, CHAMP Manager: 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 UPSTATE Medical University and the Child Abuse Medical Provider (CHAMP) Program. UPSTATE Medical University is accredited by the ACCME to provide continuing medical education for physicians.

Dr. Botash has no relevant financial relationships to disclose.

“UPSTATE Medical University designates this educational activity for a maximum of 1AMA PRA Category 1 CreditsTM. Physicians should only claim credit commensurate with the extent of their participation in the activity.”

**NYS CHAMP Network
Quarterly Educational Case Review
Registration**

Title	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	
First Name			Middle Initial:		
Last Name					
Degree	<input type="checkbox"/> RN	<input type="checkbox"/> NP	<input type="checkbox"/> MD	<input type="checkbox"/> PA	<input type="checkbox"/> DO
Specialty	<input type="checkbox"/> Child Abuse Pediatrics	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Family 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 Code		
Email Address					
Phone #			Fax #		

Be sure to save completed registration form to your hard drive before re-attaching it to an email to MarkellL@upstate.edu

Questions?

Linda Markell, CHAMP Program Manager

Phone 315-883-5615

FAX 315-883-5616