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|  | PROGRAM/SPEAKER INFORMATION FORM  Note: this form is optional if the information is submitted elsewhere. | |
| *Program Number:* | | | |
| *Program Title: 100% Connectivity in Point of Care Testing is Achievable* | | | |
| *Date: June 14, 2018 Contact Hours: 1.0*  *Location: Columbia, MD* | | | |
| *P.A.C.E.® Provider:* | | | |
| *Format: (Lecture, slides, discussion group, live webinar, archived webinar, Computer-Driven Instruction, etc.)*  *Lecture* | | | |
| *Speaker Name, Credentials, and Affiliation: List your name and credentials, as they should appear in the program.*  Christiane M. Nooney, MBA/MHA, MT(AMT)  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
| *List your professional affiliation, as it should appear in the program:*  DUH POC Supervisor  Duke University Health System | | | |
| *The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.* | | | |
| *­Description of Session: Limit to 50 words. Type or print, being as specific as possible about learning to take place.*  Point of Care Testing programs/departments are continually looking for way to add productivity and efficiency while not only maintaining or reducing cost. The use of a middleware solution can eliminate time spent creating, documenting, and reviewing paper logs and enhance compliance information gathering during regulatory inspections. | | | |
| *Level of Instruction:* ***BASIC INTERMEDIATE ADVANCED*** *(Circle one)*  ***BASIC:*** *Entry level; no prior knowledge of subject necessary to attend this program;*  ***INTERMEDIATE:*** *Refresher course; some basic knowledge required;*  ***ADVANCED:*** *Highly technical; for those with at least five years of experience in a specialty area.*  *PROGRAM OBJECTIVES (Please list three. May be continued with an attachment)*  *At the end of the session, the participant will be able to:* | | | |
| *1.* Identify the benefits of adding connectivity for instruments and manual testing to a POC middleware solution. | | | |
| *2.* Define some of the potential setbacks in the process of adding instruments and/or manual testing to their POC middleware. | | | |
| *3.* Explain the potential improvements with compliance and productivity. | | | |
| *PROGRAM TIME TABLE* | | | |
| *Begin time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
| *Break(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
| *CONTACT HOURS PROPOSED: \_\_\_\_\_\_\_\_\_* | | *CONTACT HOURS: \_\_\_\_\_\_\_\_ per Committee (for Office Use Only)* | |

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|  | Professional Acknowledgment for Continuing Education  SPEAKER INFORMATION FORM  Not all blanks need to be completed. |

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| |  | | --- | | Name: | | Current Position: | | Business Address: | | City, State, Zip: | | Phone: Fax: Email: | | Area of expertise: | | Credentials: | | Certifications/Agency: | | Relevant Experience pertaining to the topic to be presented (papers, presentations, publications): | | Information for a Program Introduction: | |

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