



Part of the North Carolina Area Health Education Centers Program

Childhood Obesity Summit:

Help Our Children Live Healthier Lives!

Tuesday, October 5, 2010



Program Time: 6:00 p.m.—8:30 p.m. (Registration: 5:30 p.m.)

Location: UNCW — Warwick Center
601 S. College Rd.—Wilmington, NC 28403

Faculty: Sarah C. Armstrong, MD
Kateryna Kotlyarevska, MD

Course Description: An informative, engaging presentation and discussion about childhood obesity and efforts to address this epidemic in the Cape Fear region.

Objectives: Upon completion, the participant should be able to:

- Discuss the overall outlook on childhood obesity.
- Formulate strategies to be implemented in the community.

Target Audience: Doctors, Nurses, Psychologists, Dieticians, Health and Fitness Professionals, Dentists, Dental Hygienists, Dental Assistants, Counselors, Social Workers, Child Care Providers, School Personnel, City and County Officials, Parents and all those concerned about childhood obesity.

No-Charge Registration: If you do not require Continuing Education credit, you are welcome to attend at no charge. *Please follow the registration instructions found on-line as well as on the registration form.*

CE Credit Fee: If you would like to receive Continuing Education credit, there is a charge of \$10.00 per person. *Please follow the registration instructions found on-line as well as on the registration form.*

Continuing Education Credit Available:

If you would like to receive Continuing Education credit, there is a charge of \$10.00 per person. *Please follow the registration instructions found on-line as well as on the registration form.*


- **2.5 Contact Hours**
- **2.5 Nursing Contact Hours**—Partial credit will not be awarded. Participants must attend the entire program in order to receive credit.
- SEAHEC designates this educational activity for a maximum of 2.5 **AMA PRA Category 1 Credit™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.
- Psychologists: **Category A NC Psychology Credit:** This program will provide 2.5 contact hours of (Category A) continuing education for North Carolina Psychologists. *No partial credit will be given.*
- **NBCC:** National Board for Certified Counselors Credit (NBCC) 2.5 hours: SEAHEC is recognized by the National Board for Certified Counselors to offer continuing Education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines (Provider #5597)
- **CHES:** The NC AHEC program is a designated provider of Certified Health Education Specialist (CHES) credits by the National Commission for Health Education Credentialing, Inc (NCHEC). This program is approved for 2.5 contact hours (Category 1) in health education.
- **BOC—Athletic Trainers: NC Area Health Education Center** is recognized by the Board of Certification, Inc. to offer continuing education for Certified Athletic Trainers (Provider Number: P3549). This program has been approved for a maximum of 2.5 hours of Category A continuing education. Certified Athletic Trainers are responsible for claiming only those hours actually spent participating in the continuing education activity.
- 2.5 **AGD**— AGD Course Code #432
- 2.5 **CE/Dental Hygienists**
- 2.5 **CDE (DANB)**





[CLICK HERE FOR ON-LINE REGISTRATION](#)

Partners:

Payment methods: Full payment (if applicable) must accompany your registration. Payment may be in the form of: cash, check (payable to SEAHEC), SEAHEC voucher, Visa or MasterCard.

 In Person or by Mail: **2511 Delaney Ave.
Wilmington, NC 28403**

 By Fax (*credit card only*): **910-667-9343**

 Online (*credit card only*): **www.seahec.net**

Registration Deadline: October 1, 2010

Refunds/Cancellations: If notification is received at least two business days prior to the start date, you may choose one of the following:

- ▶ Receive a refund, minus a 30% processing fee;
- ▶ Provide us with the name of a substitute who will attend the program in your place;
- ▶ Receive a voucher for 100% of the amount, valid toward any SEAHEC program within one year.

**SEAHEC Continuing Education
910-667-9330**

Accreditation:

This activity has been planned and implemented in accordance with the Essentials and Standards of the North Carolina Medical Society through the joint sponsorship of SEAHEC and partners. SEAHEC is accredited by the NCMS to provide continuing medical education for physicians.

SEAHEC is an approved provider of continuing nursing education by the NC Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Statement of Disclosure:

SEAHEC adheres to NCMS and ANCC Essential Areas and Policies regarding industry support of continuing medical education and continuing nursing education. Commercial support for the program, and faculty relationships within the industry, will be disclosed at the activity. Speakers will also state when off-label or experimental use of drugs or devices is incorporated into their presentations. Participation in an accredited activity does not imply endorsement by SEAHEC or NCMA of any commercial products displayed in conjunction with an activity.

ADA Statement: If you have any question concerning accessibility or special needs assistance, please call SEAHEC 910-667-9330.



SEAHEC is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation or veteran's status.

SEAHEC REGISTRATION FORM (I-31796)



Course Name: Childhood Obesity Summit

Course Date: Tuesday, October 5, 2010

Please check one: **\$10 Credit Processing Fee**—CE credit *will* be awarded
Type (name) of Credit you require: _____

\$0.00 No-Charge Registration—CE Credit *will not* be awarded

Name: _____ Last Four Digits of SS#: _____

Degree/Cert.: _____ Title/Occupation: _____

In order to receive all course notifications and materials, please provide a preferred e-mail address. Thank you!

Preferred e-Mail Address: _____

Home Phone: _____

Home Address: _____

Home City/State/Zip: _____

Workplace/Dept.: _____ Work Phone: _____

Work Address: _____

Work City/State/Zip: _____

Payment method (if applicable): Cash Check Voucher VISA MasterCard

Credit Card Account #: _____ Expiration Date: _____

Print Name as it Appears on Card: _____

Cardholder's Signature: _____

Cardholder's Address (if different than above): _____

[CLICK HERE FOR
ON-LINE
REGISTRATION](#)

