

CME Sponsored

Infection Control Training for NYS Health Care Professionals

NYS Requirement: In NYS public health and education laws have mandated infection control requirements since 1994 for the following health care professionals

- Licensed Practical Nurses
- Optometrists
- Physicians/ Physician Assistants/Physician Associates
- Registered Professional Nurses
- Medical Residents, students & PA students



Class will be offered on
March 19, 2013
Lecture Hall 1B
6:00PM- 8:00 PM
Registration fee: \$35.00

Course Instructor: George Allen, PhD, CIC, CNOR
Infection Preventionist/Director of Infection Control
Clinical Assistant Professor, SUNY, College Health Related Professions

Course Description: The Infection Control and Barrier Precautions training course provides the necessary information and documentation to fulfill the licensure/credentialing requirements mandated by the New York State Education Department and the Department of Health.

Chapter 786 of the Laws of 1992 amended the Education and Public Health Laws establishing a requirement that certain healthcare professionals licensed in NY State must receive approved training in infection control and barrier precautions by July 1, 1994; and every four years thereafter. Infection Control training is to prevent the transmission of Human Immuno-deficiency Virus (HIV) and the Hepatitis B (HBV) in the course of professional practice.

Objectives:

At the conclusion of course work or training on this element, the learner will be able to:

- Recognize the benefit to patients and healthcare workers of adhering to scientifically accepted principles and practices of infection prevention and control;
- Recognize the professional's responsibility to adhere to scientifically accepted infection prevention and control practices in all healthcare settings and the consequences of failing to comply; and
- Recognize the professional's responsibility to monitor infection prevention and control practices of those medical and ancillary personnel for whom he or she is responsible and intervene as necessary to assure compliance and safety.

Target Audience:

- Physicians and physician assistants
- Dentists and hygienists
- Registered professional & licensed practical nurses
- Medical and PA Students

Accreditation

The State University of New York (SUNY) Downstate Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

SUNY Downstate Medical Center designates this live for a maximum of 2 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement

SUNY Downstate Medical Center Office of CME (OCME) and its affiliates are committed to providing educational activities that are objective, balanced and as free of bias as possible. The OCME has established policies that will identify and resolve all conflicts of interest prior to this educational activity. All participating faculty are expected to disclose to the audience, verbally or in writing, any commercial relationships that might be perceived as a real or apparent conflict of interest related to the content of their presentations, and unlabeled/unapproved uses of drugs and devices. Detailed disclosures will be made verbally and/or in writing during the program.

ADA Statement: In accordance with the Americans with Disabilities Act, SUNY Downstate Medical Center seeks to make this conference accessible to all. If you have a disability which might require special accommodations, please contact Barbara Rosser at 718-270-3946 or e-mail your needs to: ocme@downstate.edu

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Registration

Phone: Call Barbara Rosser at 718-270-3946 to register with check or money order or fax to us with payment information. Fax #: 718-270-4563 or mail to OCME Box 1244

Online: Online registration is by credit card only. Visit www.downstae.edu/cme and Click on "Register online" button to pay by your credit card.

Name	
Credentials	
Address1	
Address 2	
City/Sate/Zip	
E-mail	
Organization	
Phone	

Payment

<input type="checkbox"/> \$35 Infection Control Course <input type="checkbox"/> \$55 Inf. Control Course w/ CME		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Card Number			
Amount Authorized			
Exp. Date		Security code	
Name on card if different from registration			
Signature	Date		

I hereby authorize SUNY Downstate to charge my credit card for the amount indicated above.