

# VA Employee Registration Form

Title of Program:	2009 Advanced Practice Nurses Conference	Program Date:	4/24/09
Location of Program:	Renaissance Hotel Downtown Montgomery, Alabama		
Contact Person:	Eugene P. Goldman, DPM, FACFAS	Central Alabama Veterans Health Care System ACOS, Education / Chief of Podiatry	
Contact Person Email:	<a href="mailto:Eugene.Goldman@va.gov">Eugene.Goldman@va.gov</a>	215 Perry Hill Road	
Phone:	334-272-4670 ext 4967	Montgomery, AL 36109	
Fax:	334-725-2856	DUE DATE:	4/21/09
*Return completed registration form via email to <a href="mailto:Margarette.McGraw@va.gov">Margarette.McGraw@va.gov</a> or Fax to 334-725-2856			

**PLEASE CHECK THE  
BLOCK BELOW:**

\* To receive a Certificate of Completion, you must sign in at the beginning of this activity, complete evaluation forms and 100% of the program. Certificates can not be issued for less than 100% participation as required by accrediting body regulations.

By checking this box, I am affirming that I will fully attend the CME lecture portion of the conference at the Renaissance Marriott Hotel on April 24, 2009.

## A. PERSONAL INFORMATION

Name:		Sex:	Male		Female	
Degree(s):		Last 4 of Social Security #:				
Position / Title:						
VA Facility or Organization:						
Mailing Address:		VISN #:				
City / State:		Facility #:				
Phone:		Fax:				
Cell Phone:		Email:				

Type of Participant:  Student/Participant  Faculty / Presenter  Planning Committee Member  
 Employer Category:  VHA  VBA  NCA  VA (non-health care)

## B. CONTINUING EDUCATION HOURS

See the program brochure for a complete description of continuing education credit provided for this program. The type of certificate to be issued is based on the category you select below. Please select your primary occupation which best reflects the credit you require. Contact hours will be provided if no relevant accreditation is offered for this program.

**CONTACT HOURS** - Occupations not specifically listed under Accredited Hours below

Administrative	Allied / Associated Health
<b>ACCREDITED HOURS</b>	
Orthotics and Prosthetics (ABCOP)	Nurse (ANCC)
Audiologist/Speech Pathologist (ASHA)	Nurse (California - CA BRN)
Counselor - Certified (NBCC)	Pharmacist (ALBOP)
Dentist (ADA)	Physician, PA-C, Advanced Practice Nurse (ACCME)
Dietician (CDR)	Podiatrist (CPME)
Healthcare Executive (ACHE)	Social Worker (ASWB & CASW) License # Required:

## C. EMERGENCY INFORMATION: (While attending conference, indicate who should be called in the event of an emergency)

Name:	Phone #:
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## D. SPECIAL ARRANGEMENTS Please describe below any requirements due to physical limitation(s) or dietary requirements:

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**Privacy Notice:** The privacy of our employees and customers is of the utmost importance to the Department of Veterans Affairs. Any personally identifiable information we request from you will be used for the specifically stated purposes and will be maintained in a secure system accessible only to authorized people. You do not have to provide the personal information requested, but your participation may be effected if certain personal information is not made available.