

MI-PDO CME TRAINING OPPORTUNITY

The Michigan Project to Prevent Prescription Drug/Opioid Overdose-Related Deaths (MI-PDO) aims to reduce prescription drug/opioid overdose-related deaths and adverse events among residents 18+ in Calhoun, Genesee, and Wayne Counties. As part of this grant initiative, the Michigan PDO team is inviting community healthcare partners to participate in a peer prescribing education program. This prescriber education program will be offered at no cost to medical professionals in Calhoun, Genesee, and Wayne Counties. The MI-PDO team is working with Beaumont to utilize their on-demand CME training.

Beaumont Pain Management on Demand: Awareness Training for Prescribers and Dispensers of Controlled Substances

As a result of this activity, learners should be better able to:

- Discuss the use of opioids and other controlled substances and the stigma of addiction.
- Review state and federal laws regarding prescribing and dispensing controlled substances and review how to utilize the Michigan Automated Prescription System (MAPS).
- Discuss how to counsel patients on the effects and risks associated with using opioids and other controlled substances.
- Review integration of treatments, alternative treatments for pain management, and security features and proper disposal requirements for prescriptions.

To participate in this training with registration fees covered by the MI-PDO grant, please complete the following:

- Complete demographic form (below) to satisfy grant requirements. All information collected will remain confidential.
- Email completed demographic form to ieshiad@preventionnetwork.org
- You will receive notice when your form is accepted, accompanied by instructions to complete the Beaumont registration process, and a code to enter for your complimentary training.
- Please note: A limited number of registration fees will be covered by the MI-PDO grant.

What is your name?	
What is your email?	
What is your age?	<input type="checkbox"/> 18-25 <input type="checkbox"/> 26-45 <input type="checkbox"/> 46-65 <input type="checkbox"/> 66-or older
What is your race:	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other
Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Do you identify as: Lesbian, Gay, Bisexual, Transgender, Questioning, or Two-Spirit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what county are you a medical provider?	<input type="checkbox"/> Calhoun <input type="checkbox"/> Genesee <input type="checkbox"/> Wayne

I plan to use the training code within 30 days of receiving it.

X _____
Signature