

## **MEMORANDUM**

October 2017

**TO: PROGRAM DIRECTORS OF CPME APPROVED RESIDENCIES**

**FROM:** Susan Claffey, Director, Office of Graduate Services

**RE: COTH Continuing Education/Faculty Development Workshop**

## **Ch Ch Ch Ch CHANGES**

Our COTH/CME Faculty Development Workshop will be offered in four sessions during CRIP in Frisco, TX. **All sessions are identical in content and participants need only attend one of the four sessions.**

### **Section 1:**

Friday, January 12	7:30 am – 9:00 am (Breakfast served at 7:00 am)
Saturday, January 13	7:30 am – 9:00 am (Breakfast served at 7:00 am)

### **Section 2:**

Sunday, January 14	7:30 am – 9:00 am (Breakfast served at 7:00 am)
Monday, January 15	5:30 pm – 7:00 pm (Light meal served at 5:00 pm)

This workshop presents an overview of the upcoming changes to case logging and the Podiatry Residency Resource (PRR) resident surgical / clinical case logging management system. The workshop also provides attendees with an overview of the upcoming CPME 320/330 review process.

To reserve your spot, complete the enclosed form or the online PDF in the “Especially for Residency Directors” section at [www.casprcrip.org](http://www.casprcrip.org).

Return completed forms to AACPM with any required payment by the **December 1, 2017 deadline**. **IF** payment is required, registration must be accompanied a completed Payment Form and, if paying by check, a check made out to AACPM. Please note, COTH membership dues include **two (2) complimentary registrations** **however, each attendee must complete a registration form.**

Payment must be received in advance of the session. Refunds are by written request only and must be received by AACPM at least three days prior to the workshop.

This program is offered to residency directors and their faculties at all CPME approved programs and fulfills requirement 5.4 of the **Standards, Requirements and Guidelines for Approval of Residencies in Podiatric Medicine** (CPME: 320; July 2015) which states:

*“The program director shall participate at least annually in faculty development activities (i.e., administrative, organizational, teaching, and/or research skills for residency programs).”*

2018 CRIP  
AACPM/COTH WORKSHOP

## FACULTY REGISTRATION FORM

### **Ch Ch Ch Ch CHANGES**

This workshop provides an overview of the upcoming changes to case logging and the Podiatry Residency Resource (PRR) resident surgical / clinical case logging management system. The workshop will also provide attendees with an overview of the upcoming CPME 320/330 review process.

### **DEADLINE FOR REGISTRATION: December 1, 2017**

A separate registration form must be submitted for each faculty member attending.

FULL NAME: \_\_\_\_\_

HOSPITAL/INSTITUTION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Registration includes continental breakfast at 7 am or light refreshments at 5 pm and program materials.

**INDICATE DATE of ATTENDANCE:** Please place an "X" in front of the workshop you plan to attend:

**SECTION 1:** \_\_\_\_ Fri, Jan 12<sup>th</sup> at 7:30-9:00 am      \_\_\_\_ Sat, Jan 13<sup>th</sup> at 7:30-9:00 am

**SECTION 2:** \_\_\_\_ Sun, Jan 14<sup>th</sup> at 7:30-9:00 am      \_\_\_\_ Mon, Jan 15<sup>th</sup> at 5:30-7:00 pm

**REGISTRATION FEE\*:** \_\_\_\_ **2017-2018 AACPM/COTH MEMBER Registration Voucher**  
Two included with membership dues      \$ 0.00  
\_\_\_\_ Additional 2017-2018 AACPM/COTH MEMBERS:      \$ 75.00\*  
\_\_\_\_ NON-COTH MEMBERS:      \$145.00\*

*\*Participation in the workshop requires prepayment of all fees at time of registration.  
See **registration memo** for applicable refund policies.*

**Please return completed form and applicable fees by December 1, 2017.**

Email to [adrango@aacpm.org](mailto:adrango@aacpm.org) or fax to 301-948-1928.

If paying by check, make check payable to: AACPM and mail to:

AACPM

COTH WORKSHOP

15850 CRABBS BRANCH WAY \* SUITE 320 \* ROCKVILLE, MD 20855-2622

**aacpm**

15850 Crabbs Branch Way  
Suite 320  
Rockville, MD 20855  
301/948-9764  
301/948-1928 (fax)

**PAYMENT FORM  
AACPM COTH CME Workshop Fees**

**PLEASE PRINT:**

Name of residency program: \_\_\_\_\_

Today's date: \_\_\_\_\_

Enclosed is a check in the amount of \$\_\_\_\_\_ made payable to AACPM.  
Check # \_\_\_\_\_

I authorize payment to AACPM by credit card in the amount of \$\_\_\_\_\_.

Type of credit card:       VISA       MasterCard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CV Code: \_\_\_\_\_

Billing Address for charge card holder:

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment by electronic transfer. Amount: \$\_\_\_\_\_

PO# \_\_\_\_\_

Date of transfer: \_\_\_\_\_ Station #: \_\_\_\_\_

AACPM Use Only

2640 430-500 CASPR \_\_\_\_\_ CASPR ID #: \_\_\_\_\_

2630 421-110 COTH \_\_\_\_\_ Date received: \_\_\_\_\_

2650 440-600 CME \_\_\_\_\_ Approval Code: \_\_\_\_\_

CRIP \_\_\_\_\_ MISC \_\_\_\_\_