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|  | PROGRAM/SPEAKER INFORMATION FORMNote: this form is optional if the information is submitted elsewhere. |
| *Program Number:*  |
| *Program Title: 100% Connectivity in Point of Care Testing is Achievable*  |
| *Date: June 14, 2018 Contact Hours: 1.0**Location: Columbia, MD* |
| *P.A.C.E.® Provider:* |
| *Format: (Lecture, slides, discussion group, live webinar, archived webinar, Computer-Driven Instruction, etc.)**Lecture* |
| *Speaker Name, Credentials, and Affiliation: List your name and credentials, as they should appear in the program.*Christiane M. Nooney, MBA/MHA, MT(AMT)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *List your professional affiliation, as it should appear in the program:*DUH POC SupervisorDuke University Health System  |
| *The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.*  |
| *­Description of Session: Limit to 50 words. Type or print, being as specific as possible about learning to take place.*Point of Care Testing programs/departments are continually looking for way to add productivity and efficiency while not only maintaining or reducing cost. The use of a middleware solution can eliminate time spent creating, documenting, and reviewing paper logs and enhance compliance information gathering during regulatory inspections. |
| *Level of Instruction:* ***BASIC INTERMEDIATE ADVANCED*** *(Circle one)****BASIC:*** *Entry level; no prior knowledge of subject necessary to attend this program;* ***INTERMEDIATE:*** *Refresher course; some basic knowledge required;* ***ADVANCED:*** *Highly technical; for those with at least five years of experience in a specialty area.**PROGRAM OBJECTIVES (Please list three. May be continued with an attachment)**At the end of the session, the participant will be able to:* |
| *1.* Identify the benefits of adding connectivity for instruments and manual testing to a POC middleware solution. |
| *2.* Define some of the potential setbacks in the process of adding instruments and/or manual testing to their POC middleware. |
| *3.* Explain the potential improvements with compliance and productivity. |
| *PROGRAM TIME TABLE* |
| *Begin time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *Break(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| *CONTACT HOURS PROPOSED: \_\_\_\_\_\_\_\_\_* | *CONTACT HOURS: \_\_\_\_\_\_\_\_ per Committee (for Office Use Only)* |

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|  | Professional Acknowledgment for Continuing EducationSPEAKER INFORMATION FORM Not all blanks need to be completed. |

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| Name: |
| Current Position: |
| Business Address: |
| City, State, Zip: |
| Phone: Fax: Email: |
| Area of expertise: |
| Credentials: |
| Certifications/Agency: |
| Relevant Experience pertaining to the topic to be presented (papers, presentations, publications): |
| Information for a Program Introduction: |

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