



EDUCATION WEBINARS

COVID-19: Disaster, Emergency, and Temporary Provider Privileges

DATE:

Thursday, March 26, 2020
10:00 a. m. – 11:00 a.m. (CST)

WHO SHOULD PARTICIPATE:

Credentialing professionals, medical services professionals, medical staff leaders, department chiefs, credentials committee members, medical executive committee members, CEOs, VPMAs, CMOs, medical directors and QA/PI directors

LHA WEBSITE:

<http://www.lhaonline.org/events/eventlist.asp>

REGISTRATION:

Registrations may be sent via fax to (225) 923-1004. Email confirmations will be sent to all registrants who list an accurate email address.

AMERICANS WITH DISABILITIES**ACT:**

The LHA will make every effort to provide reasonable accommodations for physically-challenged attendees who require special services. When registering, please attach a written description of needs to the application.

OVERVIEW:

The COVID-19 pandemic has brought the issue of the need for immediate credentialing and privileging of practitioners to the forefront. This program will address various ways of credentialing in the event of a disaster including emergency, disaster and temporary privileges.

OBJECTIVES:

At the conclusion of this session, participants will be able to:

- Discuss the differences between emergency, disaster, and temporary privileges; and
- Evaluate the best credentialing mechanism to use in an emergency.

MEET YOUR FACULTY:**Kathy Matzka, CPMSM, CPCS**

Kathy Matzka is a speaker, consultant and writer with more than 30 years of experience in credentialing, privileging and medical staff services. She worked for 14 years as a hospital medical staff coordinator before venturing out on her own as a consultant, writer and speaker. She holds certification by the National Association Medical Staff Services (NAMSS) in both Medical Staff Management and Provider Credentialing.

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REGISTER ONLINE: <https://www.lhaonline.org/event/CredTempPrivileges>

PRICE: Complimentary to LHA Member Hospitals

Fax Registration to: (225) 923-1004

Check being mailed (for fax registrants only)

Name: _____

Title: _____

Email: _____

Organization: _____

Address: _____

City / State / Zip: _____

Telephone #: _____ **Fax #:** _____

LHA Code #M2049031