The Nurse Practitioner Association
2019 One Day Conference
MAY 4, 2019
7:30 AM – 4:30 PM

COLUMBIA UNIVERSITY
BARD HALL
50 HAVEN AVE
NEW YORK, NY 10032
One-fifth of Medicare beneficiaries are at-risk populations.

Pharmacology Update: Transitions of Care and Medication Safety
(1.25 contact hours - .33 pharmacology)

One-fifth of Medicare beneficiaries are re-hospitalized within 30 days and more than one-third within 90 days. Very often, the cause of this re-hospitalization is due to confusion of the new medication regimen, not having the ability to pick up the medication, or lack of knowledge of the medication including side effect profile. Ensuring accuracy and continuity of pharmacotherapy during the transition of an individual’s care from one healthcare environment to another (transitions of care) is an ongoing challenge for the interprofessional health care team. Elements of this presentation will include identifying existing standards, strategies, and models used to promote medication safety across health care settings and a discussion of clinical examples that illustrate how medication safety principles are implemented in a case presentation format.

Hepatitis A, B & C: A Review of Vaccinations and Screening Recommendations
(1.25 contact hours - .33 pharmacology)

In 2000, there were approximately 25,000 cases of acute viral hepatitis reported nationwide, including 14,000 cases of Hepatitis A and 8,000 cases of Hepatitis B. In addition, 1.25 million persons are chronically infected with HBV, and 2.7 million are chronically infected with HCV. With the increase in provider education and public awareness, the latest statistics show that the number of new acute viral hepatitis cases have decreased by 33%. However, there has been a steady increase in Hepatitis A and C infections, while Hepatitis B remains flat at just over 20,000 new cases each year. To help provide further education and help decrease viral hepatitis rates, this presentation will examine the latest statistics for New York State, discuss vaccination and screening recommendations for general and at-risk populations.

A box lunch will be provided

Conference wrap-up
CONTACT HOURS:
This education activity will be submitted to the American Association of Nurse Practitioners for approval of up to 6.75 contact hours and .66 pharmacology contact hours of accredited education.

CONFERENCE REGISTRATION FEES:
NPA Member & Student Transition Member Rate: $200
NPA Student & Retired Member Rate: $125
Non-Member Rate: $325
Seating is limited to 200. Register early.

CANCELLATION:
You can only purchase the Event Ticket Protection when you register online. You are not eligible for this insurance if you mail in your registration. The cost of the Event Ticket Protection is 5.75% of the total ticket cost for the registrant.

For anyone who has registered through the mail, chose not to opt in for the Event Ticket Protection insurance or cancels for any reason not covered under the insurance, The NPA will charge a $50 administrative fee for any cancellations received on or before April 26, 2019. After April 26, 2019 no refunds will be issued.

All cancellations MUST be submitted in writing: Fax: (518) 348-0720 or Email: info@TheNPA.org or Mail: The NPA, 12 Corporate Drive, Clifton Park, NY 12065.

If you have purchased the Event Ticket Protection you are still required to send a written cancellation request to The NPA, you will not be charged the administrative fee if covered by the insurance. We encourage you to opt in for the Event Ticket Protection insurance as the fee is much lower than The NPA administrative fee.

When registering for this One Day Conference you can select to opt in/out for Event Ticket Protection insurance. Below is the list of covered reasons for cancellation coverage with Event Ticket Protection. These reasons are set by our 3rd-party insurance partner, Allianz Global Assistance, and are subject to change and may vary per policy. The NPA does not have the ability to add/remove any of the reasons in this list.

- You will be attending an immediate family member’s childbirth at the time the event is scheduled to take place as long as the pregnancy occurs after the effective date of coverage.
- You or a companion not arriving at the venue due to a delay by the travel carrier used for transportation.
- Your death.
- The death of a family member on or within 30 days prior to the event.
- You or your spouse is permanently relocated by your or your spouse’s current employer to a location that is at least 100 miles from your primary residence.
- You or a companion, after having been with the same employer for at least 12 continuous months, are terminated or laid off, through no fault of your or a companion’s own, after the effective date of coverage.
- Your home being made uninhabitable by fire, flood, burglary, vandalism, or natural disasters. This benefit only applies for the time that your home is actively undergoing the repair process.
- You are unable to attend the event due to a weather emergency within 24 hours of the event and the event is not cancelled by the venue.
- Any serious injury or any unforeseeable serious illness occurring to you or a companion which results in you or a companion being unable to attend the event for which the ticket is purchased. You or the companion must be examined by a physician within 72 hours of the cancellation and the physician must advise you or the companion not to attend the event.
- Any serious injury or any unforeseeable serious illness occurring to your immediate family member that is considered life threatening or requiring hospitalization or which requires you to provide primary care to that person. Your immediate family member must be examined by a physician within 72 hours of the cancellation.
- You being required to serve on a jury or served with a court order or subpoena which requires your appearance in court on the day of the event, and which prevents you from attending the event. This covered reason does not apply if you are a legal professional acting in the capacity of that profession.
- Your or a companion’s automobile having a mechanical breakdown within 24 hours of the event which results in the vehicle being unable to be driven to the event.
- You, a companion, or an immediate family member, who are on active military duty, having personal leave status changed, except for disciplinary reasons, which prevents you from attending the event.
- Your pregnancy, as long as the pregnancy occurs after the effective date of coverage, which can be verified by medical records and your physician advises you not to attend the event for which the ticket was purchased.
- You or a companion’s tickets being stolen, provided that the venue or promoter cannot reissue stolen tickets.
- Theft of your automobile within 48 hours of the event that results in your inability to attend the event.
- You are unable to attend the event because an unforeseeable urgent home repair is scheduled to occur within 12 hours of the event and you are required to be present during the repair.
- You or a companion being directly involved in a traffic accident on the day of the event that causes damage to your or a companion’s vehicle which creates an immediate need for repair to ensure the safe operation of the vehicle.
- You or a companion being directly or indirectly involved in a traffic accident en route to a departure on a travel carrier resulting in you or companion missing transportation to the event, provided that the transportation was scheduled to depart no more than 48 hours prior to the event, and the travel carrier was unable to accommodate you or a companion on later transportation which would arrive in time to attend the event.
WAYS TO REGISTER

Online Registration
www.TheNPA.org
We encourage you to register on-line.

Mail:
The NPA
12 Corporate Drive, Clifton Park, NY 12065
Fax: 518-348-0720

Please Note:
When registering using the paper registration form, payment must be included for registration to be processed.

REGISTRATION FORM

Name ____________________________________________________________

Credentials _______________________________________________________________________________________

Home Address _____________________________________________________________________________________

City ___________________________ State ___________ Zip ___________

Home Phone __________________________ Email __________________

SELECT REGISTRATION FEE
○ NPA Member $200
○ NPA Student Transition Member $200
○ NPA Student Member $125
○ NPA Retired Member $125
○ Non-Member $325

PAYMENT METHOD
○ Check/Money Order
○ Mastercard
○ Visa
○ Discover
○ AMEX

Cardholder’s name and address (if different) from member information above

Cardholder’s Name ____________________________________________

Street Address ___________________________________________________________________________________

City ___________________________ State ___________ Zip ___________

Credit Card # ___________________________________________________

CVV (3 Digit Security Code on back of card) ___________ Expiration Date ___________

Signature ________________________________________________________________________________________

Ways to Register

Online Registration
www.TheNPA.org
We encourage you to register on-line.

Mail:
The NPA
12 Corporate Drive, Clifton Park, NY 12065
Fax: 518-348-0720

Please Note:
When registering using the paper registration form, payment must be included for registration to be processed.

REGISTRATION FORM

Name ____________________________________________________________

Credentials _______________________________________________________________________________________

Home Address _____________________________________________________________________________________

City ___________________________ State ___________ Zip ___________

Home Phone __________________________ Email __________________

SELECT REGISTRATION FEE
○ NPA Member $200
○ NPA Student Transition Member $200
○ NPA Student Member $125
○ NPA Retired Member $125
○ Non-Member $325

PAYMENT METHOD
○ Check/Money Order
○ Mastercard
○ Visa
○ Discover
○ AMEX

Cardholder’s name and address (if different) from member information above

Cardholder’s Name ____________________________________________

Street Address ___________________________________________________________________________________

City ___________________________ State ___________ Zip ___________

Credit Card # ___________________________________________________

CVV (3 Digit Security Code on back of card) ___________ Expiration Date ___________

Signature ________________________________________________________________________________________