

Free Bonus Hours for ACCC/CFS Conference Attendees *

Thursday October 08, 2009 8:30 a.m. – 5:30 p.m.

8 hours of continuing education applied for in all 50 states**

Co-sponsored by NCMIC and qualifies for 5% insurance premium discount ***

Presenter: *Randy J. Ferrance, DC, MD, FAAP, FHM.*

Description: This program focus is a critical review of wellness and pediatric care models germane to chiropractic practice

CHIROPRACTIC AND PEDIATRICS: A Critical Evaluation of the Available Literature (1 hour)
A discussion of the state of the literature, including results of a Delphi Consensus Panel convened to review the state of the art and science of the manual treatment of children

PEDIATRIC PHYSICAL EXAMINATION, with emphasis on “Yellow” and “Red” Flags (2 hours)
Hour 1: Taking a good pediatric history, listening for warning signs in that history
Hour 2: Physical examination, with special attention to signs of occult, worrisome conditions

COMMON PEDIATRIC CONDITIONS (2 hours)
Hour 1: Otitis Media, Asthma, Allergies, Colic
Hour 2: ADHD, Constipation/Encopresis, Overuse Syndromes, Growth Plate Fractures, Fever in the Neonate

RECOGNITION OF CHILD ABUSE AND NEGLECT (1.5 hours)
Definitions, bites, bruises, burns, fractures. Head injuries, falls, Munchausen’s syndrome by proxy, conditions that mimic abuse

SO, HOW’S THIS WELLNESS THING WORK, ANYWAY? (1.5 hours)
A review of evidence for “wellness” care and a look at different models of how it can be applied.

* This program is offered at no additional charge to registrants of the main ACCC/CFS conference.

** These 8 CE hours are in addition to the hours offered through the main ACCC/CFS conference. Total hours for the entire program are 29.

*** 5% premium discount is for one year on the renewal of your next year’s NCMIC Malpractice Insurance.

REGISTRATION FORM
“Wellness & Pediatric Care “

PLEASE PRINT

Complete Name: _____ First name for badge: _____

Office Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Office Phone: () _____ Fax: () _____ E-mail: _____

In Case Of Emergency during the conference, please contact this person:

	Daytime	Evening
Name: _____	Phone: () _____	Phone: () _____

FEES:

\$ 99.00 for registrations received by September 08, 2009
\$125.00 for registrations received after September 08, 2009
\$ 25.00 for Students

MAIL: Dr. David Cox
2741 Ridge Road
Lansing, IL 60438
Phone: (708) 895-3141

FAX: (708) 895-2268 **credit card payment only**

Payment must accompany registration

If rebilling of credit card charge is necessary, a \$25 processing fee will be charged.
Checks not in US funds will be returned. A charge of \$25 will apply to checks returned for insufficient funds.

Account Number: _____ Expiration Date: ____/____/____

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Cancellation Policy:

ALL CANCELLATIONS MUST BE MADE IN WRITING. A \$25 processing fee will apply to all cancellations postmarked or faxed more than 30 days before the workshop. A \$50 processing fee will be charged for cancellations postmarked or faxed between 14 and 29 days before the workshop. No refunds will be made on cancellations postmarked less than 14 days before the workshop.