



EPIC® Oral Health in Your Office
EPIC® Oral Health in Your Office: Prenatal
Promoting preventative oral health care

Please select the CME/CEU presentation(s) you are interested in:

- Oral Health in Your Office (OH) Oral Health in Your Office: Prenatal (OHP)

Date of Request: _____ Referred By: _____

Name of Practice/Site: _____

Address: _____

Site Phone: _____ Site Fax: _____

Site Contact Name: _____

Site Contact Phone: _____ Site Contact Email: _____

Site Type:

- Pediatric Family Medicine Obstetrics Students
 Grand Rounds Conference Other _____

For practices that see children, what is the majority of you patient's insurance status? MA Private

Are you a Federally Qualified Health Center (FQHC)? Yes No

We would like to schedule a live, ON-SITE EPIC Program.

We would like to schedule a live, VIRTUAL EPIC Program.

Please identify 3 potential dates and times for a 1-hour presentation:

Date	Time Slot
_____	_____
_____	_____
_____	_____

Approximate # of Attendees: _____ **Preferred Presenter:** _____

Expected Attendee/Staff Breakdown:

MD/DO _____	PA/CRNP _____	NP _____	RN _____
LPN _____	MA _____	Office Staff _____	Other _____

Have providers taken the Smiles for Life course? Yes No

Mailing Address (if different than Site Address): _____

Presentation Site Address (if different than Site Address): _____

AV Equipment on Site: Laptop LCD Projector Screen Parking Available

Please submit this form to hthc@paaap.org or fax to 484-446-3255
Questions? Call Program Director Kristin Haegele Hill at 484-446-3059