



# EPIC® BEST: Breastfeeding Education, Support, Training

*Promoting the initiation and increasing duration of breastfeeding.*

## We are interested in hosting a CME/CEU presentation at our site or virtual:

Today's Date: \_\_\_\_\_

### Name of Practice/Site/Hospital

Address: \_\_\_\_\_

Site Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact Cell Phone Number: \_\_\_\_\_ Site Contact Email: \_\_\_\_\_

Training Type:  Pediatric  Family Medicine  Obstetrics  Mixed  Other \_\_\_\_\_

Approximate # of Children Practice Sees Per Month: \_\_\_\_\_ Approximate # of Infants Practice Sees Per Month: \_\_\_\_\_

Approximate # of Attendees: \_\_\_\_\_

Staff Breakdown  MDs  DOs  PAs   RNs  LPNs  Practice Staff  
 NPs  MAs

Please call me to discuss the program details.  We would like to schedule an EPIC BEST Program.

## Here are 2 potential dates and times for the 1-2 hour presentation:

Day of the Week	Date	Time Slot
_____	_____	_____
_____	_____	_____

Email form to: Devon Gilinger [dgilinger@paaap.org](mailto:dgilinger@paaap.org) or fax to her attention at 484-446-3255