CERTIFICATION

"The Pharmacist & Patient-Centered Diabetes Care"
Friday October 13, 2017



PLACE:

Colegio de Farmacéuticos de Puerto Rico Urb. Roosevelt 289 Ing. Ismael A. Colón St. Hato Rey, Puerto Rico

SEMINAR LEARNING OBJECTIVES

- Evaluate the overall health status of patients with diabetes in terms of recommended monitoring and interventions, and formulate strategies for closing gaps in care.
- Propose modifications to a patient's drug therapy regimen rooted in evidence-based algorithms for diabetes management.
- Recommend dietary interventions to support optimal glycemic control and weight loss (when indicated) in patients with diabetes.
- Analyze and interpret a patient's selfmonitoring of blood glucose results and use the results to identify needed changes in the diabetes management plan.
- Demonstrate proper technique for measuring blood pressure, administering injections, obtaining fingerstick samples for blood glucose monitoring, operating blood glucose meters, and performing monofilament foot testing.
- Integrate the varied aspects of comprehensive diabetes care into efficient, sensitive, respectful pharmacist-patient

8:00 am - 5:00 pm

*Cost: \$535.00

*Includes: breakfast, lunch, coffee break, materials and certificate







Registration Coupon

| Printed Name: Postal Address: Professional License Num: E-Mail: Phone Num: | Provider Number 0076 |
|--|---|
| "The Pharmacist & Patient-Centered Diabetes Care" Friday October 13, 2017 8:00 am - 5:00 pm | Please Send by Postal Mail to: |
| TOTAL: <u>\$535.00</u> | Colegio de Farmacéuticos de Puerto Rico |
| PAYMENT FORM | Continuing Education |
| () Check Number Amount: | PO Box 360206 |
| () Money Order Number Amount: | San Juan, PR 00936-0206 |
| () Credit Cards: Amount: () Visa () Master Card | |
| () Credit Cards. Amount. | Other |
| Card Number:Expiration Date: | - Other |
| Authorized Signature: | Alternative |
| Owner Credit Card Printed Name : | send it by Fax |
| GENERAL RULES FOR CONTINUING EDUCATION | (787) 759-9793 |
| Last day of registration for the seminar is: October 6, 2017 | |
| All participants must come to the registration desk to verify that he/she appears registered in the conference and sign the registerence will begin on time. | stration form. The E-mail: |
| Registration is closed 15 minutes after starting the conference. | |
| To make improvements or changes to the Continuing Education program it is essential to answer the evaluation sheet and at the research. | return it at the end cecfpr@gmail.com |
| of the conference. | or personally |
| We reserve entitlement admission. It is required to present a photo ID to register for the conference. | deliver it to our of- |
| The participant must be physically present until speaker finishes his presentation. | fice. |
| In case you have an emergency on the day of the activity that prevents you to attend. | nice. |
| It is required that you have your own computer to access the course modules. | |
| Registration cancellations will NOT be accepted, therefore NO refunds will be issued. | |
| You must present the receipt of payment of your registration and a photo ID, to enter the workshop hall. | |
| Children or companions are not allowed in the conference. | : |

The use of cell phones in the conference is prohibited.