

Lima Educational Conference

Thursday, October 29, 2015

Ford Training Center

1155 Bible Road

Lima, Ohio 45801

Keynote Speaker

Timothy Burkart, Pharm.D., BCPS, CGP,
Board Certified Geriatric Pharmacist



Dr. Burkart received his Bachelor of Science in Pharmaceutical Science and his Doctor of Pharmacy from the University of Toledo where he was awarded the Dana Fitzsimmons Pharmacy and Cultural Excellence Award. He joined the University of Findlay's Pharmacy Practice program in 2014. Prior to this Dr. Burkart was a Clinical/Staff Pharmacist for Blanchard Valley Health Systems Pharmacy, Findlay, Ohio where he received the University of Findlay College of Pharmacy Marc Sweeney Preceptor of the Year - Advanced Pharmacy Practice award. Dr. Burkart is a Board Certified Geriatric Pharmacist and a Board

Registration Fee

The cost of this conference is **\$25.00** and includes CE's or certificate of attendance, handouts, and light breakfast

Schedule

8:00am - Registration, breakfast, visit displays

8:30 - 10:00am - *Medication Management and Safety in Dementia Care by Timothy Burkart, Pharm.D.*

10:00 - 10:15am - Break, visit displays

10:15 - 11:15am - *Making Your Voice Count: Quick and Easy Ways You Can Make a Difference*

11:15am - 12:15pm -

12:15pm - Evaluations, certificate distribution

Accreditation

Social Workers: This is approved for **3.5 contact hours** of CPE. The Alzheimer's Association, Northwest Ohio Chapter is an approved provider of social worker CPE by the State of Ohio Counselor, Social Worker and Marriage and Family Therapist Board #RSX059702

Nurses: The Ohio Board of Nursing recognizes the State of Ohio Counselor, Social Worker and Marriage and Family Therapist board as approved providers of CNE for multi-disciplinary activities.

Refund or No Show Policy

Refunds will not be given for "no-shows" but substitute participants are welcome.

2015 Lima Conference Registration Form

Please register by **October 22nd**

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone (day): _____

Email: _____

This address is my: Work Home

This email is my: Work Home

of registrations _____ x \$25.00 = _____

Make check payable to: Alzheimer's Association,
Northwest Ohio Chapter

Or charge to: VISA MasterCard
 Discover AMEX

Card #: _____

Exp. Date: _____ Security Code: _____

Signature: _____

Mail: Send completed form and payment to: 2500
North Reynolds Rd., Toledo, Ohio 43615

Fax: Send completed form to 419-536-5591. Payment may be made by credit card or include a note that you will bring payment to conference.

Phone: Call 1-800-272-3900 to register and be billed.



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Northwest Ohio Chapter

2500 North Reynolds Road

Toledo, Ohio 43615

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