



Update on Proper Prescribing Virtual CME

Featured Speaker: Cori H. Loomis, J.D., Christensen Law Group, P.L.L.C.

Signed into law in 2018, Oklahoma's Senate Bill 1446 mandates that all physicians complete one hour of CME in pain management per year. To help Oklahoma's physicians better understand how this new law impacts their practice and patients, the Oklahoma State Medical Association is hosting special CMEs in Oklahoma City and Tulsa. This one-hour event offers insight to the legal issues affecting pain management and an overview of the new laws connected with prescribing opioids to patients. All Oklahoma physicians with a DEA license are required to take this one hour course annually.

Program Dates

Thursday, February 18 • 6 p.m. to 7 p.m.

Friday, May 21 • 12 p.m. to 1 p.m.

Thursday, July 22 • 6 p.m. to 7 p.m.

Friday, September 17 • 12 p.m. to 1 p.m.

Thursday, November 18 • 6 p.m. to 7 p.m.

Friday, December 3 • 12 p.m. to 1 p.m.

***Approved for 1 hour of proper prescribing credit by the Oklahoma Medical Licensure Board.**

Free for OSMA members and \$50 for non-member physicians.

Accreditation Statement:

This activity is planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Oklahoma State Medical Association (OSMA) and the Physicians Liability Insurance Company (PLICO) and the Oklahoma State Board of Medical Licensure. The Oklahoma State Medical Association (OSMA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.



The OSMA designates this live activity for a maximum of 1 AMA PRA Category 1 Credits.™

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Faculty, CME Planning Committee and Reviewer have no relevant financial relationships to disclose. The OSMA CME Manager has reviewed all speaker information and has resolved all conflicts of interest if applicable.



REGISTRATION (PLEASE COMPLETE)

Attendees: (Names/emails are required)

Name(s) _____

Email _____

Paying Responsible Party: _____

Mailing Address: _____

OFFICE

HOME

☐☐

City: _____ **State:** _____ **Zip:** _____

OFFICE

HOME

CELL

Phone: _____ **Fax:** _____

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OSMA Member Physicians _____ x FREE

OSMA Non-Member Physicians _____ x \$50

Total Due to the OSMA \$ _____

**Which event will you attend?
(Please check one.)**

Thursday, February 18

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Friday, May 21

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Thursday, July 22

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Friday, September 17

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Thursday, November 18

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Friday, December 3

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For more information, call 800-522-9452.

CHECK OR ONLINE: If you owe a registration fee, please enclose a check made payable to the OSMA for the full payment amount. Partial payments are not accepted.

☐

CHECK(S) INCLUDED

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ONLINE

CREDIT CARD: Please charge my payment in full to the credit card listed below. Partial payments are not accepted.

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CANCELLATION POLICY: Registration must be cancelled six business days in advance of event to receive refund.